101

Model Prescriptions for Medical Officers & Family Physicians

Second Edition
2023

℞

From the desk of

Prof. Syed Nasir Shah

MCPS, FCPS, MRCGP [INT], FRCGP [INT]

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بِسْمِ اللّٰهِ الرَّحْمٰنِ الرَّحِيْمِ

شروع اللہ کے نام سے جو بڑا مہربان نہایت رحم کرنے والا ہے

رَبِّ زِدْنِیْ عِلْمًا

اے میرے رب میرے علم میں اضافہ فرما

وَ اِذَا مَرِضْتُ فَهُوَ يَشْفِيْنِ

اور جب میں بیمار ہوتا ہوں تو اللہ تعالیٰ تو ہی مجھے شفا دیتا ہے

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Prof. Dr. Syed Nasir Shah

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What is new in this edition?

1. Specialists have reviewed different sections of the book.
2. The feedback from readers of previous sections has been incorporated.
3. Pediatrics section has been added.
4. Many new prescriptions have been added.
5. Prescriptions have been updated according to new guidelines.
6. Further details have been added in teaching points section.
7. Brief descriptions of diseases have been added in the titles.
8. Prescriptions for hypertension, diabetes and dyslipidemia have been simplified.
9. Colored pictures have been added in the dermatology section.

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ACKNOWLEDGEMENT

Special thanks to all the readers of first edition who provided feedback regarding the book which greatly helped in updating the second edition.

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HOW TO FIND A PRESCRIPTION

1. This book consists of chapters which are organized in alphabetical order. The first chapter is Cardiology, which starts with the letter 'C', next is Dental Care which starts with the letter'D'.
2. Within the chapter the disease are organized in alphabetical order for example in Cardiology the first disease is acute coronary syndrome starting with the letter 'a'.
3. Medicines of same generic formulas are written with forward slash, i.e, Tab. Rigix / Tab. Gixer / Tab. Zyrtec 10mg.
4. Medicines of same group but different formulas are written with "OR" in between drugs e.g,

   Tab. Avil 25mg

   OR

   Tab. Piriton 4mg

   OR

   Tab. Gixer 10mg
5. Different medicines which are included in the prescription are written with a "PLUS" between them, e.g.

   Tab. Augmentin 625mg

   PLUS

   Tab. Flagyl 400mg
6. The instructions to doctors are in the teaching points.
7. The formulas of medicines are written at the bottom of the page.

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DISCLAIMER

These prescriptions are based on the clinical practice of author, keeping in mind the quality, cost and ease in available of medicines. There is no connection with or influence of any pharmaceutical company on these prescriptions.

The author does acknowledge that there are other medicines of similar features and readers may freely choose any of them.

These model prescriptions are only guidelines for the doctors and do not supersede the clinical judgement of the doctors within their clinical setup.

Prof. Dr. Syed Nasir Shah

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DEDICATION

This book is dedicated to:

- **Dr. Bashir A. Malik** who initiated CME for Family Phys cians in the north of Pakistan and volunteered his hospital, staff, time, energy for uplift of Family Medicine.
- **Prof. John Sydney Biggs** from Australia for his love for Pakistan and his impactful contribution in recognition of Family Medicine at highest levels and developing Family Medicine MD program in Pakistan.
- **Prof. Riaz Qureshi** for establishing Family Medicine FCPS training in Pakistan and initiating a positive and progressive attitude among Family Physicians.
- **Prof. Naeem A Jaffery** for developing FCPS Family Medicine at CPSP and establishing Family Medicine at Ziauddin University, Karachi.
- **Prof. Humayun Maqsood** for unconditional support and patronage to Family Medicine at Fatima Memorial Hospital and beyond.
- **Mrs. Shahina Rehman**, Chairperson Fatima Memorial System for her vision about Family Medicine, love for Pakistan and her unconditional support and encouragement for developing Family Medicine training, CME, service related projects and model Health Centre at Nainsukh, Lahore.

PREFACE

Professor Dr. Syed Nasir Shah once very rightly pointed out that we teach our graduate everything but not how to write prescription whichis the end product of all the consultations.

We teach our doctor sign, symptoms, examinations &treatment but not how to write prescription. The result is that antibiotics, pain killers etc. are over written inappropriatelyleading to economy burden on our country and a lot of side effects and drug interactions for patients. Here is an attempt to write an ideal model prescriptions book for new Family Physicians based on current evidence.

Another aspect is that we teach our graduates the generic names of drugs but in our country,pharmacies follow brand names. A drug written in generic name on prescription may not be made available unless its brand name is written. The patient moves from one pharmacy to the other to find the generic named drug. In these model prescriptions brand names of drugsare used.Purpose of band names is to facilitate our Family Physicians to write good quality and easily available drugs.

We pray to Allah Almighty to guide us & give us strength to complete this most important missing element for guidance of our family physicians.

This project could not be completed without the expertise of SaleemAkhtar who typed in Urdu &English almost with no spelling mistakes. We are grateful to SaleemAkhtar for composing this book beautifully.

Dr. Raheel Akbar

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ESSENTIALS OF PRESCRIPTION

Every prescription should have the following contents

Name :
Age :
Weight :

Date :
Gender :
Diagnosis :

Rx

1. DRUG BRAND NAME & GENERIC NAME

Write clearly brand name of the drug and the generic name in the brackets because certain drugs are similar in spellings. Patient may get wrong drug from the pharmacy.

Write only generic name, if asked to write prescription in exams like MCPS and MRCGP [INT].

2. FORM OF DRUG

Write whether drug is in the form of capsule, tablet, syrup or injection.

3. STRENGTH OF THE DRUG

Write the strength of the drug such as 5mg, 10mg, 40mg or 80mg.

4. FREQUENCY OF MEDICATION

Write the frequency of medication such as once, twice, thrice daily.

5. ROUTE OF ADMINISTRATION

Do not forget to mention route of administration e.g., by mouth, sublingual, vaginally, rectally or by IM injection.

6. DURATION OF TREATMENT

Always specify duration of treatment e.g. Antibiotic for 7 to 10 days, oral hypoglycemic continuously etc.

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7. RELATION TO FOOD

Mention relation with food for example. ATT, PPI are taken before meal, pain killers are taken after meals.

8. INVESTIGATIONS ADVISED

Write down the non-invasive investigations first & then invasive investigations on one side or corner of prescription.

9. PREVENTION

Mention non-pharmacological precautions to alleviate patient's problem e.g., stop smoking and preventive measures like vaccination.

10. FOLLOW UP

Give precise follow up period with date and time written on prescriptions. Also mention what you want to check on follow up visit.

11. PLAN

If you are planning some changes in management in future, briefly mention for yourself, otherwise you may forget.

Signature of the Doctor

CARDIOLOGY

For any suggestions or feedback about the book, kindly contact at:

0332 425 09 68

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ACUTE CORONARY SYNDROME IN A GP CLINIC

(Includes STEMI, NSTEMI and UNSTABLE ANGINA)

(Central crushing chest pain radiating to both arms, left arm, neck or jaw accompanied by sweating, difficulty breathing ± nausea and vomiting)

(Should be referred to a cardiac or tertiary care hospital) (Few lifesaving steps may be taken before referral)

1	Tab. Disprin 300mg **PLUS**	چبا کر پانی کے ساتھ نگلیں Chew and swallow with water
2	Tab. Angised 0.5mg *(Do not give Angised if there is hypotension or bradycardia)* **PLUS**	زبان کے نیچے رکھیں Keep under tongue
3	Inj. Tramal 100mg / Nalbin 10mg / Kinz 10mg IV STAT **PLUS**	
4	Inj. Gravinate 10mg IV STAT **PLUS**	
5	Oxygen 4-6 liters if O2 sat < 94%	

TEACHING POINTS:

* Strict bed rest in clinic till ambulance arrives.
* Call 1122 for ambulance with oxygen, monitor and defibrillator.
* Put IV cannula, which may be lifesaving if patient collapses.
* Educate family members / attendants about possible cardiac problem and need for referral.
* Do not give Angised if there is bradycardia or hypotension.
* Do not give Angised if a patient has taken phosphodiesterase 5-inhibitor (Viagra) in the last 48 hours.
* Can repeat Angised every 5 minutes if required maximum of 3 doses

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FORMULAS:

Brand Name	Generic Name
Disprin	Soluble Aspirin
Angised	Glyceryl Trinitrate
Tramal	Tramadol
Nalbin / Kinz	Nalbuphine
Gravinate	Dimenhydrinate

POST- STABILIZATION AFTER NSTEMI

(When the patient with NSTEMI is treated in hospital and once he is stable, he is sent home. He has to take life time medications)

1	Tab. Disprin 75mg **PLUS**	ایک گولی روزانہ 1 Tablet daily
2	Tab. Clopidogrel 75mg **OR** Tab. Hitica / Anplag 90 mg	ایک گولی روزانہ 1 Tablet daily
3	Tab Concor/Corbis 2.5 mg **PLUS**	ایک گولی روزانہ 1 Tablet daily
4	Tab. Zestril 5mg **PLUS**	ایک گولی روزانہ 1 Tablet daily
5	Tab. Rovista 20 mg / Lipiget 40mg	ایک گولی رات کو 1 Tablet at night

ہدایات:

☆ نمک کم کھائیں۔

☆ واک کریں۔

☆ وزن کم کریں۔

TEACHING POINTS:

- Add Clopidogrel or Ticagrelor as part of dual antiplatelet therapy and continue for 12 months
- Add Betablockers and ACEi/ARBs as soon as possible in a hemodynamically stable patient of NSTEMI
- Add Bisoprolol 1.25mg OD for 1 week and increase gradually according to response to maximum of 10 mg/d
- Continue Betablocker at least 12 months if no reduced LVEF and indefinitely if reduced LVEF
- Add Ramipril 2.5mg / Lisinopril 5 mg OD for 1 week and increase gradually according to response to maximum of 10 mg/d
- Check RFTs, serum electrolytes and B.P before starting ACEi/ARBs

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* Add Spironolactone 25mg OD if symptoms and signs of heart failure with reduced LVEF

FORMULAS:

Brand Name	Generic Name
Disprin	Soluble Aspirin
Hitica/Anplag	Ticagrelor
Concor/Corbis	Bisoprolol
Zestril	Lisinopril
Rovista	Rosuvastatin
Lipiget	Atorvastatin

STABLE ANGINA

(Central crushing chest pain provoked by exercise or emotional stress and relieved by rest or Glyceryl Trinitrate. Patient is symptom free at rest)

1	Tab. Angised 0.5mg *(Give in sitting position on needed basis)* **PLUS**	زبان کے نیچے رکھیں۔ Keep under your tongue
2	Tab. Concor / Corbis 5mg **OR** Tab. Carveda 25mg *(Don't give Betablockers in asthmatics, bradycardia, peripheral vascular disease)* **OR** Tab. Norvasc / Sofvasc / Zodip 5mg	ایک گولی روزانہ 1 Tablet daily ایک گولی صبح۔شام 1 Tablet twice a day ایک گولی روزانہ 1 Tablet daily
3	Tab. Ascard/ Loprin 75mg	ایک گولی روزانہ 1 Tablet daily
4	Tab. Rovista 20mg **OR** Tab. Lipiget 40mg	ایک گولی رات کو 1 Tablet at night

ہدایات:

☆ نمک کم کھائیں۔

☆ واک اور سیڑھیاں چڑھنے سے گریز کریں۔

☆ وزن کم کریں۔

TEACHING POINTS:

* Stable angina is also a dangerous condition and should be referred to cardiologist for angiography and possible interventions.
* Do not advise walk until his cardiac problems are sorted out.
* Monitor blood pressure and gradually adjust dose.
* Periodically check ALT as the dose of Rovista is high.
* High dose statins to be given to aim for ≥50% reduction in LDL
* Advise patient to report if he/she gets pain in large muscles

* Titrate the above medication to a heart rate of 55- 60 bpm.
* Rule out exacerbating factors like anemia, thyrotoxicosis, tachycardia.
* Recommend annual influenza vaccine and one time pneumococcal vaccine to all patients
* 1st line antianginal medication is betablocker and /or CCB (Dihydropyridine group).
* ACEi is recommended in patients of IHD with concomitant DM, CKD, HTN or systolic dysfunction.
* Educate about cough when prescribing ACE-I.
* Keep an eye on serum potassium when using ACE-I or ARB.

FORMULAS:

Brand Name	Generic Name
Angised	Glyceryl Trinitrate
Concor/Corbis	Bisoprolol
Carveda	Carvedilol
Norvasc/ Sofvasc/Zodip	Amlodipine
Rovista	Rosuvastatin
Lipiget	Atorvastatin

HYPERTENSION (AGE < 55 YEARS)

(STAGE 1 HTN = >140/90mmHg and < 55 years)
(Start drug therapy if patient is diabetic, known CKD, known CHD and CVD risk ≥10% in next 10 years)
(Or patient with no risk factors but BP is not controlled by lifestyle modification)

1	Tab. Cardace / Renitec / Cortec 10mg **OR** Tab. Zestril / Lame 10mg **OR** Tab. Zosartan / Sartan / Eziday 50mg **OR** Tab. Diovan / Valtec 80mg	ایک گولی رات کو 1 Tablet at night

ہدایات:

☆ نمک کم کھائیں۔
☆ واک کریں۔
☆ وزن کم کریں۔

TEACHING POINTS:

* Monitor blood pressure and gradually increase dose.
* Educate about cough when prescribing ACE-I.
* Avoid ACEi/ARBs in females of childbearing age.
* Always perform RFTs, electrolytes and calculate eGFR before starting ACEi/ARBs and monitor closely in starting weeks. Patients with bilateral renal artery stenosis may deteriorate with ACEi or ARB.
* If ACEi/ARBs are contraindicated or not tolerated then use calcium channel blockers or thiazide diuretics as 1st line.
* Prefer CCB in patients >55 years old, peripheral vascular disease, Raynaud's phenomenon and coronary artery spasm (Prinzmetal angina).

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* If target BP not achieved with monotherapy in stage1 HTN, start dual therapy (ACE-i + CCB) OR (ACE-i + Thiazide).
* Start with dual therapy in Stage 2 HTN start (A+C or A+D).
* Betablockers/CCB are preferred antihypertensives in CAD.
* 1st line Investigations to order in HTN are ECG, RFTs, S/E to screen for end organ damage.
* Advise fasting lipid profile and fasting blood glucose for concomitant metabolic syndrome.
* Continue lifestyle modifications and drugs for diabetes as per guidelines.

FORMULAS:

Brand Name	Generic Name
Cardace / Renitec / Cortec	Enalapril
Zestril / Lame	Lisinopril
Zosartan / Sartan / Eziday	Losartan
Diovan / Valtec	Valsartan
Norvasc / Sofvasc/Zodip	Amlodipine

HYPERTENSION (AGE >55 YEARS)

(STAGE 1 HTN = > 140/90 mmHg and >55 years or Afro-Caribbean or ACEI/ARBs contraindicated)

(Start drug therapy if patient id diabetic, CKD, known CHD and CVD risk ≥10% according to AHA guidelines)

1	Tab. Amodip / Norvasc / Sofvasc / Zodip 5mg **OR** Tab. Plendil 5 mg **OR** Tab. Calan SR 240 mg **OR** Cap. Herbesser SR 90 mg	ایک گولی صبح کو 1 Tablet in morning

TEACHING POINTS:

* Monitor blood pressure and gradually increase dose.
* Prefer CCB in patients >55 years old, Peripheral vascular disease, Raynaud's phenomenon and Coronary artery spasm
* If target BP not achieved with monotherapy in stage1 HTN, start dual therapy (ACE-i + CCB) OR (ACE-i + Thiazide).
* Start with dual therapy in Stage 2 HTN start (A+C or A+D)
* Betablockers/CCB are preferred antihypertensives in CAD
* 1st line Investigations to order in HTN are ECG, RFTs, S/E, to screen for end organ damage
* Fasting lipid profile and Fasting blood glucose for concomitant metabolic syndrome
* Hydrochlorothiazide may increase blood sugar, lipids and uric acid, cause weakness or body pains; be careful.

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FORMULAS:

Brand Name	Generic Name
Amodip-PLUS	Amlodipine + Hydrochlorothiazide
Norvasc / Sofvasc / Zodip	Amlodipine
Plendil	Felodipine
Calan SR	Verapamil
Herbesser SR	Diltiazem

HYPERTENSION
(NOT CONTROLLED WITH MONOTHERAPY OR STAGE II)

(If target BP i.e. 140/90) is not achieved with monotherapy in STAGE 1 HTN or the patient has STAGE 2 HTN start dual therapy

1	Tab. Sartan-H / Co- Eziday 50/12.5mg **OR** Tab. Co-Renitec 10/12.5 mg **OR** Tab. Zestoretic 20/12.5 mg **OR** Tab. Extor/ Exforge 5/80mg	ایک گولی صبح کو 1 Tablet in morning

TEACHING POINTS:

* Monitor blood pressure and gradually increase dose.
* Educate about cough when prescribing ACE-I.
* Avoid ACEi/ARBs in females of childbearing age.
* Always perform RFTs, S/E and calculate eGFR before starting ACEi/ ARBs and monitor closely in starting weeks.
* Prefer CCB in patients >55 years old, peripheral vascular disease, Raynaud's phenomenon and coronary artery spasm.
* Betablockers/CCB are preferred antihypertensives in CAD
* 1st line investigations to order in HTN are ECG, RFTs, S/E to screen for end organ damage.
* Fasting lipid profile and fasting blood glucose for concomitant metabolic syndrome.
* Hydrochlorothiazide may increase blood sugar, lipids and uric acid, cause weakness or body pains; be careful.

FORMULAS:

Brand Name	Generic Name
Sartan-H /Co-Eziday	Losartan + Hydrochlorothiazide
Co-Renitec	Enalapril + Hydrochlorothiazide
Zestoretic	Lisinopril + Hydrochlorothiazide
Extor / Exforge	Amlodipine + Valsartan

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LEFT VENTRICULAR FAILURE (WITH < 40% EJECTION FRACTION)

(Patients with Chronic Hypertension, Left Ventricular Hypertrophy, having 3rd Heart Sound, and C/o Shortness of breath, cough)

1	Tab. Zepres / Cardace / Renitec 10mg **OR** Tab. Zestril / Lame 10 mg **OR** Tab. Sartan / Eziday 50 mg	ایک گولی رات کو 1 Tablet at night
2	Tab. Concor / Corbis 2.5 mg *(Can titrate slowly according to response up to 10mg/d)* **OR** Tab. Carveda 6.25mg *(Can titrate slowly according to response up to 50mg/d)* **OR** Tab. Nebilol / Nebil / Byscard 2.5mg	ایک گولی روزانہ 1 Tablet daily

ہدایات:

☆ نمک کم کھائیں۔

☆ واک کریں۔

☆ وزن کم کریں۔

TEACHING POINTS:

* ACE inhibitors have been shown to decrease the morbidity and mortality associated with heart failure, and should be given to all patients with left ventricular dysfunction, both asymptomatic and symptomatic.
* ACE inhibitors should be used with caution in patients in cardiogenic shock, with marginal renal output or hyperkalemia.
* All patients with chronic heart failure receive a beta-blocker once established on an ACE inhibitor, unless there is a contraindication based on bradycardia, reactive airway disease, and unstable or low-output heart failure

* Give diuretics like Furosemide 20-80 mg daily initially to all patient in acute phase with symptoms and signs of congestion in combination with ACEi and Betablockers.
* Add spironolactone 25-100 mg OD in patients with NYHA class II-IV heart failure who have LVEF ≤35% or have history of Diabetes (unless contraindicated in patients with creatinine >2.5mg/dl or K+ >5mmol/L).

FORMULAS:

Brand Name	Generic Name
Cardace / Renitec / Cortec	Enalapril
Zestril / Lame	Lisinopril
Concor / Corbis	Bisoprolol
Carveda	Carvedilol
Nebilol / Nebil / Byscard	Nebivolol
Sartan / Eziday	Losartan

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LEFT VENTRICULAR FAILURE (WITH PRESERVED EJECTION FRACTION)

(Patients with Chronic Hypertension, Left Ventricular Hypertrophy, 3rd Heart Sound on auscultation and C/o Shortness of breath, cough)

1	Tab. Zepres / Cardace / Renitec 10mg **OR** Tab. Zestril / Lame 10 mg **OR** Tab. Sartan / Eziday 50mg **PLUS**	ایک گولی رات کو 1 Tablet at night
2	Tab. Concor/Corbis 2.5 mg *(Can titrate slowly according to response up to 10mg/d)* **OR** Tab. Carveda 6.25mg	ایک گولی روزانہ 1 Tablet daily

ہدایات:

☆ نمک سے پرہیز کریں

☆ اپنا وزن چیک کرتے رہیں روزانہ

☆ ہلکی پھلکی ورزش کریں

TEACHING POINTS:

* Refer such patients to cardiology.
* Management of risk factors is the 1st line treatment, such as control of blood pressure in hypertensive patients, weight loss in obese patients, treatment of dyslipidemia in accordance with current guidelines, and optimization of glycemic control in patients with diabetes mellitus, is key in treating chronic heart failiure.
* ACE inhibitors should be used with caution in patients in cardiogenic shock, with marginal renal output or hyperkalemia.
* Give diuretics like furosemide 20-80 mg daily initially to all patient with symptoms and signs of congestion in combination with ACEi and Betablocker

FORMULAS:

Brand Name	Generic Name
Cardace / Renitec / Cortec	Enalapril
Zestril / Lame	Lisinopril
Concor / Corbis	Bisoprolol
Carveda	Carvedilol
Nebilol / Nebil/Byscard	Nebivolol
Sartan / Eziday	Losartan

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HYPERLIPIDEMIAS (PRESCRIPTION 1)

High risk patients: If the patient has established atherosclerotic cardiovascular disease (ASCVD) OR has LDL ≥190mg/dl

1	Tab. Lipiget / Lipitor / Lochol 40mg **OR** Tab. Rovista / X-plended/Rosera / Ruvastat 20 mg	ایک گولی رات کو 1 Tablet at night

TEACHING POINTS:

* Lifestyle changes should be started in all patients.
* There is clear evidence that dietary reduction in total and saturated fat, weight loss in overweight patients and aerobic exercise leads to a decrease in LDL-cholesterol and an increase in HDL-cholesterol.
* In patients with ASCVD who still have LDL ≥ 70 mg/dl despite on maximally tolerated statin therapy, consider starting combination therapy (ezetimibe10mg + Atorvastatin 40mg).
* Periodically check ALT as the dose of Rosuvastatin/Atorvastatin is high in patients with established ASCVD.
* Advise patient to report if he/she gets pain in large muscles.
* Patients with LDL-cholesterol ≥190 mg/dL do not require risk assessment for initiation of lipid-lowering therapy, start directly with high dose statin.
* Consider specialist evaluation for Familial Hyperlipidemia in all patients with LDL-cholesterol (LDL-C) ≥190 mg/dL.

FORMULAS:

Brand Name	Generic Name
Tab Lipiget / Lipitor / Lochol	Atorvastatin
Tab Rovista / X-plended / Rosera / Ruvastat	Rosuvastatin

HYPERLIPIDEMIAS (PRESCRIPTION 2)

Moderate risk patients: Patients without existing ASCVD disease but having LDL 70-189mg/dl either with diabetes OR with ASCVD risk ≥ 7.5 % in the next ten years

1	Tab. Lipiget / Lipitor / Lochol 20mg **OR** Tab. Rovista / X-plended / Rosera / Ruvastat 10 mg	ایک گولی رات کو 1 Tablet at night

TEACHING POINTS:

* Lifestyle changes should be started in all patients.
* There is clear evidence that dietary reduction in total and saturated fat, weight loss in overweight patients and aerobic exercise leads to a decrease in LDL-cholesterol and an increase in HDL-cholesterol.
* In these patients with LDL 70-189 mg/dl either with diabetes or with ASCVD risk ≥ 7.5 start moderate intensity statins i.e., Atorvastatin 20 mg daily.
* Periodically check ALT as the dose of Rosuvastatin/Atorvastatin is moderate in patients .
* Advise patient to report if he/she gets pain in large muscles.

FORMULAS:

Brand Name	Generic Name
Tab Lipiget / Lipitor / Lochol	Atorvastatin
Tab Rovista / X-plended / Rosera / Ruvastat	Rosuvastatin

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HYPERTRIGLYCERIDEMIA (PRESCRIPTION 1)

Moderate Hypertriglyceridemia (fasting TG ≥150mg/dl and <500mg/dl)

1	Tab. Lipiget / Lipitor / Lochol 20mg **OR** Tab. Rovista / X-plended / Rosera / Ruvastat 10 mg	ایک گولی رات کو 1 Tablet at night

TEACHING POINTS:

- Lifestyle modifications are the first-line intervention for all patients with high TG.
- Advise weight reduction, low fat diet and increased physical activity
- Identifying and managing secondary causes is essential which can be medications and medical conditions
- Medical conditions like diabetes, metabolic syndrome, obesity, chronic kidney disease, nephrotic syndrome, hypothyroidism, systemic lupus erythematosus, liver disease, HIV infection or Cushing syndrome should be considered.
- Medications that increase TG (e.g., glucocorticoids, anabolic steroids, oral estrogens, thiazide and loop diuretics, beta-blockers, isotretinoin, second-generation antipsychotic agents [e.g., clozapine, olanzapine]) should be discontinued or replaced with metabolically neutral alternatives, if possible.
- Statins are the drug of first choice for high TG.

FORMULAS:

Brand Name	Generic Name
Tab Lipiget / Lipitor / Lochol	Atorvastatin
Tab Rovista / X-plended / Rosera / Ruvastat	Rosuvastatin

HYPERTRIGLYCERIDEMIA (PRESCRIPTION 2)

Severe Hypertriglyceridemia (fasting TG ≥ 500mg/dl, especially if ≥1000mg/dl)

1	Tab. Lipiget / Lipitor / Lochol 40mg **OR** Tab. Rovista / X-plended / Rosera / Ruvastat 20 mg	ایک گولی رات کو 1 Tablet at night

EACHING POINTS:

- Lifestyle modifications are the first-line intervention for all patients with high TG.
- Advise weight reduction, low fat diet and increased physical activity
- Identifying and managing secondary causes is essential which can be medications and medical conditions
- Medical conditions like diabetes, metabolic syndrome, obesity, chronic kidney disease, nephrotic syndrome, hypothyroidism, systemic lupus erythematosus, liver disease, HIV infection or Cushing syndrome should be considered.
- Medications that increase TG (e.g., glucocorticoids, anabolic steroids, oral estrogens, thiazide and loop diuretics, beta-blockers, isotretinoin, second-generation antipsychotic agents [e.g., clozapine, olanzapine]) should be discontinued or replaced with metabolically neutral alternatives, if possible.
- Statins are the drug of first choice for high TG.
- Patient with TG between 500-999 mg/dl, start statin or if already taking statin intensify the dose of statin (If 10-year risk of ASCVD is ≥5%, established ASCVD, or diabetes)
- Patients with TG ≥1000 mg/Dl, either initiate or intensify statin therapy.
- If TG levels are persistently elevated or increasing, add fibrates to therapy to reduce risk of pancreatitis (160mg)
- Gemfibrozil should not be used in combination with a statin.
- Fenofibrate is the drug of choice if combination treatment is required. 160mg.

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* Cap Fenoget (Fenofibrate) 200mg once daily
* Periodically check ALT as the dose of Rosuvastatin/Atorvastatin is high.
* Advise patient to report if he/she gets pain in large muscles

FORMULAS:

Brand Name	Generic Name
Tab Lipiget / Lipitor / Lochol	Atorvastatin
Tab Rovista / X-plended /Rosera / Ruvastat	Rosuvastatin
Fenoget	Fenofibrate
Gempid	Gemfibrozil

DENTAL CARE

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DENTAL PAIN

1	Tab. Ansaid 100mg	ایک گولی صبح شام کھانے کے بعد 1 Tablet twice a day after meals

TEACHING POINTS:

* Arrange referral to dentist for evaluation and scaling.
* Most common cause is infection of gums.
* Advise Sensodyne / Forhans / Medicam / Colgate active / Sense-T toothpaste after every meal
* Advise very soft brush.
* Advise Enziclor / Listerine Mouth wash after meals

FORMULAS:

Brand Name	Generic Name
Ansaid	Flurbiprofen

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GINGIVITIS

(Painful, swollen, foul-smelling, bleeding gums)

1	Tab. Ansaid 100mg *(in case of pain)* **PLUS**	ایک گولی صبح۔شام کھانے کے بعد 1 Tablet twice after meals
2	Tab. Flagyl 400mg **PLUS**	ایک گولی صبح۔دوپہر۔شام پانچ دن کا کورس 1 Tablet thrice a day 5 Days course
3	Cap. Vibramycin 100mg **OR** Tab. Augmentin 625mg	ایک کیپسول صبح۔شام 1 Capsule twice a day ایک گولی صبح۔دوپہر۔شام پانچ دن کا کورس 1 Tablet thrice a day 5 Days course
4	Enziclor mouth wash *(rinse mouth with 15 mL for about 30 seconds twice daily)*	ہر کھانے کے بعد Use mouth wash after every meal
5	Sensodyne / Farhans Tooth Paste Sense-T Tooth Paste	
6	Very soft brush	

TEACHING POINTS:

* Referral to dentist for scaling and evaluation.
* Educate about brushing with soft brush for 1 to 2 minutes only after each meal
* Strong risk factors include pregnancy, diabetes mellitus, poor oral hygiene, and smoking, severe malnutrition or marginal nutritional deficiencies, HIV/AIDS (in necrotizing gingivitis), stress (in necrotizing gingivitis).

FORMULAS:

Brand Name	Generic Name
Ansaid	Flurbiprofen
Flagyl	Metronidazole
Vibramycin	Doxycycline
Augmentin	Co-Amoxiclav
Enziclor mouth wash	Benzydamine + Chlorhexidine

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MOUTH ULCERS

(Aphthous Ulcers)

1	Somogel / Bonjela / Xyloaid Jelly **PLUS**	کھانے سے پانچ منٹ پہلے صرف اورصرف چھالوں پر لگائیں Apply on ulcers 5 minute before meals
2	Kenalog in orabase cream **PLUS**	کھانے کے بعد منہ دھونے کے بعد لگا کر 5 منٹ رکھیں۔ Apply on ulcers 5 minute after meals
3	Tab. Optilets-M / Unicap-M / Centrum / Theragran-M / Surbex Z	ایک گولی روزانہ تین ماہ بعد 3 ماہ کے لئے 1 Tablet daily, for 3 months

TEACHING POINTS:

* If an ulcer does not heal in 3 weeks, refer for biopsy.
* If an ulcer has raised margins and is increasing in size, refer for biopsy.
* Advise balanced diet.
* If ulcers are due to stress, advise relaxation exercises, CBT with or without medicines.
* Advise to avoid recognized trigger foods, and spicy/acidic foods and drinks.
* Asses for trauma, sharp/broken tooth, biting during chewing, dentures.
* Pallor may also suggest iron deficiency anemia as a cause of aphthous-like ulceration if accompanied by glossitis, angular stomatitis, and spooning of the nails.
* Rule out systemic diseases like Crohn's, Coeliac, Cyclic neutropenia, Lichen planus, infections like syphilis, HIV, HSV, NSAIDs use and malignancy.

* If ulcers do not heal in one week, try Vibramycin (Doxycycline) 100mg gargles three times a day for 3 days.

FORMULAS:

Brand Name	Generic Name
Somogel	Lignocaine, Menthol, Eucalyptol, Cetylpyridinium chloride, Ethanol
Bonjela	Choline salicylate, cetalkonium chloride, ethanol, glycerol, menthol
Xyloaid Jelly	Lignocaine
Kenalog	Triamcinolone

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ORAL THRUSH / ORAL CANDIDIASIS

(Moniliasis)

(White, curdy patches in the mouth after antibiotic use, steroid use, steroid inhalers, chemotherapy or in diabetes and cancer patients)

1	Nilstat oral solution (nystatin: *(100,000 units 4-6 ml orally (swish around mouth and retain for as long as possible before swallowing) four times daily for 7-14 days* **OR** Daktarin oral gel **OR**	صبح۔ دوپہر۔ شام منہ میں اچھی طرح لگا کر پانچ منٹ تک منہ میں رکھیں، پھر چاہے تھوک دیں یا چاہے نگل لیں۔ Apply inside the mouth for 5 minutes, thrice a day then either swallow or spit
2	Cap. Flucon / Diflucan 150mg	صرف ایک کیپسول کھانے کے بعد کھائیں۔ 14 دن تک کھائیں۔ Only 1 capsule daily after meal 14 days course

TEACHING POINTS:

* Screen for diabetes.
* Advise multivitamin if diet is not balanced.
* Duration of Fluconazole in oral thrush is 1-2 weeks, not stat dose. Stat dose is for vaginal candidiasis.
* Always try to find the cause of oral thrush i.e., diabetes, use of antibiotics, use of steroids etc.
* Strongly associated risk factors include known Diabetes, HIV infection, xerostomia, use of dentures, malnutrition, advanced malignancy, cancer chemotherapy or radiotherapy, pregnancy, or recent immunosuppressive or antibiotic therapy.

FORMULAS:

Brand Name	Generic Name
Nilstat oral solution	Nystatin
Daktarin oral gel	Miconazole

ANGULAR CHEILITIS

Inflammation of the angles of the mouth, characterized by fissures, scaling, erythema, and crusting

1	Daktarin 2% oral gel for 7-14 days	صبح شام مرہم لگائیں۔ Apply twice a day for 7-14 days

TEACHING POINTS:

* Advise multivitamin if diet is not balanced.
* Consider replacing iron, B12 and B complex.
* Topical mupirocin or a polymyxin-containing preparation are valuable in treating staphylococcal colonization.
* Key risk factors include age over 75 years, male gender, presence of dentures, oral candidiasis, immune deficiency, Down's syndrome, xerostomia, diabetes, and chronic inflammatory skin disease.

FORMULAS:

Brand Name	Generic Name
Daktarin oral gel	Miconazole

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DERMATOLOGY

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ABSCESS

1	Cap. Ampiclox 500mg **OR** Tab. Augmentin 625mg **Plus**	دو کیپسول صبح دوپہر شام پانچ دن 2 Capsules thrice a day for 5 days ایک گولی صبح دوپہر شام پانچ دن 1 Tablet thrice a day for 5 days
2	Tab. Ponstan Forte 500mg / Dicloran 50mg / NISE 100mg	ایک گولی صبح شام کھانے کے بعد 1 Tablet twice a day after meals
3	Koalin Poultice Cream	پھوڑے پر لگائیں۔ Apply on abscess

TEACHING POINTS:

* Abscess needs drainage (either surgical incision or spontaneous drainage).
* If abscess is large, refer for incision and drainage.
* Check blood sugar.

FORMULAS:

Brand Name	Generic Name
Ampiclox	Ampicillin + Cloxacillin
Augmentin	Co-Amoxiclav
Ponstan Forte	Mefenamic Acid
Dicloran	Diclofenac
NISE	Nimesulide
Koalin poultice cream	Koalin, Boric acid, Salicylic acid, Thymol, Peppermint oil

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ACNE (MILD) (ACNE PRESCRIPTION 1)

Comedones are the main lesions with<10 inflammatory papules and pustules (MILD COMEDONAL ACNE)

1	Adapco cream / Clear cream / Pimpal gel / Acne-lene gel *(Apply pea size amount on whole face)* **OR**	رات کو لگائیں (چھ ماہ کا کورس) Apply at night 6 months course
2	Brevoxyl cream	رات کو لگائیں (چھ ماہ کا کورس) Apply at night 6 months course

TEACHING POINTS:

* Mild non inflammatory acne (only comedones) does not need oral antibiotics.
* Educate about no relation to food.
* Advise to avoid oily cosmetics.
* Advise to wash face twice or thrice daily with normal soaps.
* If acne appears in very young or old persons evaluate for Cushing's, PCO or use of steroids.

FORMULAS:

Brand Name	Generic Name
Adapco cream / Clear cream / Pimpal gel / Acne-lene gel	Adapalene
Brevoxyl Cream	Benzoyl peroxide

MILD INFLAMMATORY ACNE (PRESCRIPTION 2)

1	Bravoxyl Cream **OR** Adapco cream / Clear cream / Pimpal gel / Acne-lene gel *(Apply to pea size amount on whole face)* **PLUS**	رات کو لگائیں (چھ ماہ کا کورس) Apply at night 6 months course
2	Clinagel / Clindacin gel / Acsolve Lotion / Dalacin-T Lotion	صبح شام مرہم لگائیں۔ (چھ ماہ کا کورس) Apply lotion twice a day 6 months course

TEACHING POINTS:

* Acne without nodules or pustules only needs topical antibiotics and comedolytics.
* Educate about no relation to food.
* Advise to avoid oily cosmetics.
* Advise to wash face twice or thrice daily with normal soaps.
* If acne appears in very young or old persons, evaluate for Cushing's syndrome, PCOS or use of steroids.
* Topical antibiotics may be tapered and discontinued once there is improvement. If no improvement is noted within 6 to 8 weeks, they should be discontinued and an alternative therapy considered.
* Adapalene and benzoyl peroxide combination has been shown to

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be effective for both inflammatory and non-inflammatory lesions (Adarex gel contains Adapalene and benzoyl peroxide).

* Skinoren cream (Azelaic acid) twice daily can be used for post-inflammatory dyspigmentation and also as comedolytic.
* Refer pustular acne, scarring and severe acne to dermatologist.

FORMULAS:

Brand Name	Generic Name
Adapco cream / Clear cream / Pimpal gel / Acne-lene gel	Adapalene
Clinagel / Clindacin gel /Acsolve lotion / Dalacin-T Lotion	Clindamycin
Brevoxyl Cream	Benzoyl peroxide
Skinoren Cream	Azelaic Acid

ACNE (MODERATE) (ACNE PRESCRIPTION 3)

Moderate (10-40) Comedones papules and pustules with mild truncal disease

1	Adapco cream / Clear cream / Pimpal gel / Acne-lene gel *(Apply to pea size amount whole face)* **PLUS**	رات کو لگائیں Apply at night
2	Cap. Vibramycin 100mg **OR** Cap. Azithromycin 250mg	ایک کیپسول صبح رات جب تک دانے ختم نہ ہو جائیں پھر ایک کیپسول رات کو 1 Capsule twice a day until all pimples are healed, then take 1 capsule at night
3	Brevoxyl Cream	رات کو لگائیں Apply at night

(چھ ماہ کا کورس)

TEACHING POINTS:

* Acne with nodules or pustules need oral antibiotics.
* Educate about no relation to food.
* Advise to avoid oily cosmetics.
* Advise to wash face twice or thrice daily with normal soaps.
* If acne appears in very young or old persons evaluate for Cushing's, PCO or use of steroids.
* Advise not to break pimples.
* Do not give Cap. Vibramycin in pregnancy or lactation.
* Do not give Adapalene, Clindamycin, Doxycycline and Azelaic acid in children <12 years.

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* Severe/ resistant acne 40-100 Comedones, papules and pustules with occasional deeper nodular lesions, the recommended treatment for severe acne is oral retinoids which are prescribed by dermatologist not family physicians.
* In pregnant women with severe acne, only a few topical agents are considered safe to use in pregnancy, including Clindamycin, Erythromycin, and Azelaic acid.

FORMULAS:

Brand Name	Generic Name
Adapco cream / Clear cream / Pimpal gel / Acne-lene gel	Adapalene
Vibramycin	Doxycycline
Bravoxyl	Benzoyl peroxide

ECZEMA

Dry, itchy, scaly erythematous papules and plaques in flexural areas

1	Hydrocortisone Cream *(Face) (Low potency)* **OR** Betnovate / Provate / Hivate cream *(Body) (High potency)* **OR** Dermovate / Clobederm / Clobeta Cream *(Very high potency Palms and soles or very thick skin)* **PLUS**	چہرے پر صبح شام کریم لگائیں Apply on face twice a day جسم پر کریم صبح شام لگائیں Apply on body twice a day ہتھیلی اور پاؤں کے تلووں پر صبح شام لگائیں Apply on palms and soles of feet twice a day
2	Tab. Atarax 25mg / Gixer 10mg / Kestine 10mg	ایک گولی رات کو 1 Tablet at night
3	Lubrex gel *(as needed basis)*	صبح شام لگائیں Apply twice a day

TEACHING POINTS:

* If the eczema is oozing use "cream".
* If the eczema is dry and scaly use "ointment".
* Use mild steroid on face (e.g., Hydrocortisone) otherwise patient will develop cataract, glaucoma and telangiectasia on face.
* Use steroid on different body parts according to potency.
* Never use Betnovate / Dermovate on face.
* Educate to avoid precipitating factors.
* For thick skin combination of steroid and salicylic acid can be used

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e.g., (Provate-S, Beprosalic, Betasalic, Betnovate-S).

* Prescribe white petroleum jelly or any moisturizing cream in addition to medicines.
* Emollients are an essential component of eczema therapy because they improve skin barrier function by rehydrating the skin.
* Corticosteroids reduce inflammation and pruritus. Intermittent use of steroids on affected areas may be sufficient to control symptom
* Mild potency for mild eczema; moderate potency for moderate eczema; potent for severe eczema.
* Eczema flare up in vulnerable sites (e.g., axillae and groin), use moderate or potent preparations for short periods only (7-14 days).
* Very potent preparations should not be used for children without specialist advice.

FORMULAS:

Brand Name	Generic Name
Betnovate / Provate	Betamethasone
Hivate	Mometasone
Dermovate / Clobeta / Clobederm	Clobetasol
Atarax	Hydroxyzine
Gixer	Cetirizine
Kestine	Ebastine

BACTERIAL SKIN INFECTION

(Folliculitis, cellulitis, erysipelas, impetigo, abscess, furunculosis or secondary bacterial infection)

1	Cap. Ampiclox 500mg OR Tab. Augmentin 625mg PLUS	دو کیپسول صبح دوپہر شام پانچ دن 2 Capsules thrice a day 5 days ایک گولی صبح دوپہر شام پانچ دن 1 Tablet thrice a day 5 days
2	Fucidin Cream / Fusil Cream / Polyfax skin ointment / Bactroban Cream / Mycitracin ointment	صبح شام مرہم لگائیں Apply twice a day

TEACHING POINTS:

* Use Syrup. Ampiclox 250mg OR Syrup Augmentin in children

ایک چمچ صبح، دوپہر، شام چھ سال سے بارہ سال کے بچوں کیلئے

* Use proper dose of antibiotic to prevent resistance. Give two capsules of Ampiclox 500mg at a time. One capsule is underdosing.
* Most common organisms are staph aureus and streptococcus, both of which are susceptible to Augmentin and Ampiclox.

INVESTIGATIONS

* Check blood sugar if infection is recurrent or extensive or family history is positive for diabetes.

FORMULAS:

Brand Name	Generic Name
Ampiclox	Ampicillin + Cloxacillin
Augmentin	Co-Amoxiclav
Fucidin / Fusil Cream	Fusidic Acid
Polyfax skin ointment	Bacitracin, Polymyxin
Bactroban Cream	Mupirocin Ointment
Mycitracin ointment	Neomycin-bacitracin polymyxin

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INFECTED ECZEMA OR ECZEMATIZED INFECTION

(Signs of both infection and Eczema at the same time)

1	Tab. Softin 10mg / Rigix 10mg / Gixer 10mg **PLUS**	ایک گولی رات 1 Tablet at night
2	Cap. Ampiclox 500mg **OR** Tab. Calamox/Augmentin 625mg **PLUS**	دو کیپسول صبح دوپہر شام پانچ دن 2 Capsules thrice a day 5 days ایک گولی صبح دوپہر شام پانچ دن 1 Tablet thrice a day 5 days
3	Fucidin-H Cream **OR** Fusicort Cream	صبح شام مرہم لگائیں Apply twice a day

TEACHING POINTS:

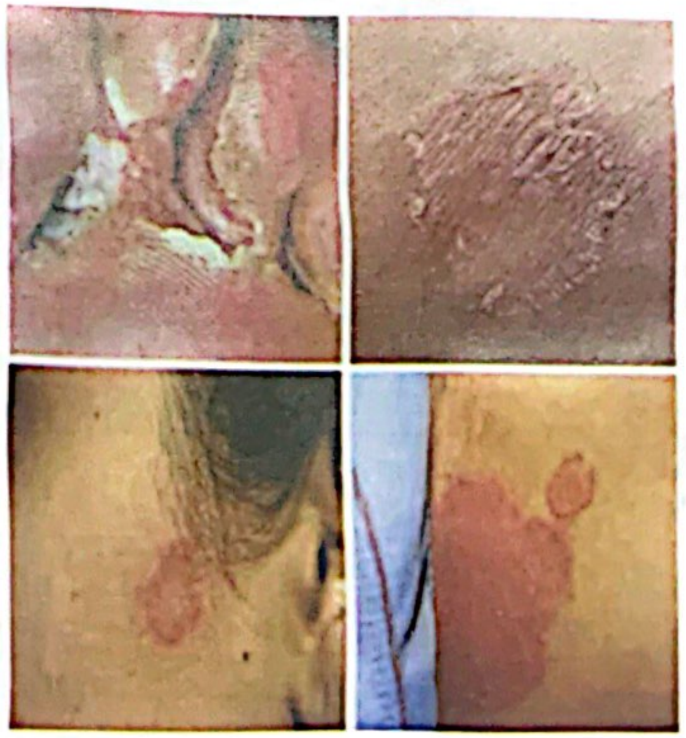
* If allergic to Penicillin, use:
  Keflex 500mg three times a day.
  OR
  Cedrox 500mg three times a day.
  OR
  Erythrocin 500mg three times a day. ایک گولی صبح، دوپہر، شام

FORMULAS:

Brand Name	Generic Name
Softin	Loratadine
Gixer / Rigix	Cetirizine
Ampiclox	Ampicillin + Cloxacillin
Calamox/Augmentin	Co-Amoxiclav
Fucidin-H Cream	Fusidic Acid + Hydrocortisone
Fusicort Cream	Fusidic Acid + Betamethasone
Cedrox	Cefadroxil
Keflex	Cephalexin

FUNGAL SKIN INFECTION

(Tinea corporis, Pedis, cruris and faciale)



1	Tab. Lamisil / Terbisil / Terbiderm 250mg *(in case of widespread and severe infection) 2-4 weeks* **OR** Cap. Diflucan / Flucon / Fonaz 150mg once weekly 2-4 weeks **PLUS**	ایک گولی رات (2 سے 4 ہفتے) 1 Tablet at night 2-4 weeks
2	Lamisil, Terbisil, Terbiderm, Terbimax 1% cream	صبح۔شام لگائیں (6 ہفتے) Apply twice a day for 6 weeks

TEACHING POINTS:

* Check for diabetes.
* Apply topical agents until no further infection is visible and for 1 to 2 weeks after disappearance of lesion.
* Do not give any oral anti-fungal in pregnancy.
* Advise to use loose cotton or lawn clothes.
* Canesten / Clotrim / Dermosporin cream can be added as 2nd line

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therapy alternative for Terbinafine cream

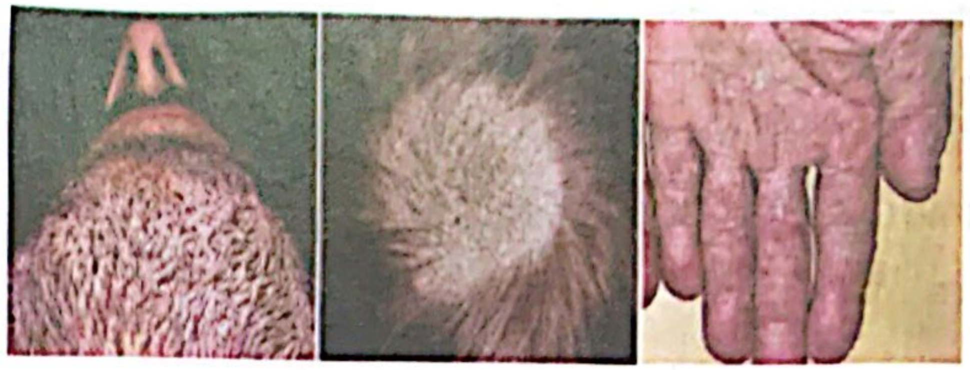
* If tinea has element of eczema, then advise Hydrozole / Daktacort cream (Clotrimazole + Hydrocortisone)
* Advise to keep body and feet dry.

FORMULAS:

Brand Name	Generic Name
Lamisil	Terbinafine
Lamisil, Terbisil, Terbiderm, Terbimax 1% cream	Terbinafine
Fonaz	Fluconazole
Canesten / Clotrim /Dermosporin Cream	Clotrimazole
Hydrozole	Clotrimazole plus Hydrocortisone
Daktacort	Miconazole Plus Hydrocortisone

FUNGAL SKIN INFECTION (SCALP AND PALM)

(Tinea capitis, Tinea manuum)



1	Tab. Lamisil 250mg 1 tablet OD 6 weeks **OR** Tab. Fungivin 500mg 1 tablet OD 12 weeks **PLUS**	ایک گولی رات (6 ہفتے) 1 Tablet at night (6 weeks) ایک گولی روزانہ (12 ہفتے) 1 Tablet at daily (12 weeks)
2	Conaz shampoo-based scalp lotion	ہفتے میں 2 بار لگائیں Apply lotion twice a week

TEACHING POINTS:

* Oral antifungal therapy is necessary in tinea capitis. Topical agents are not effective as they do not penetrate the hair shaft, where the fungal infection resides.
* Griseofulvin is considered the gold standard treatment for Microsporum infections and Terbinafine is considered the gold standard treatment for Trichophyton infections.
* Griseofulvin is better absorbed with a fatty meal and is taken once daily, but is fungistatic and requires 8 to 10 weeks of therapy for cure.
* Do not give Lamisil if pregnant.
* Griseofulvin's duration of treatment depends on site;
* Tinea corporis: 2-4 weeks
* Tinea capitis: 4-6 weeks; may be up to 8-12 weeks
* Tinea pedis: 4-8 weeks
* Tinea unguium: 4-6 months

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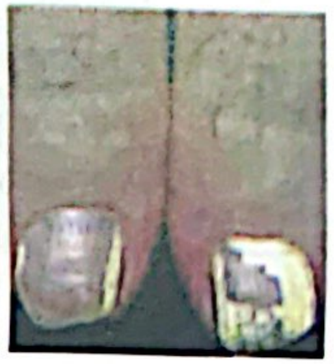
* Explain proper use of Conaz shampoo i.e., apply to scalp twice weekly for 4 weeks, leave each application on scalp for 5 minutes then rinse with water.
* Combination of topical steroid with topical antifungal is no more recommended.

FORMULAS:

Brand Name	Generic Name
Lamisil	Terbinafine
Fungivin	Griseofulvin
Conaz	Ketoconazole

FUNGAL NAIL INFECTION

(Tinea unguium or Onychomycosis)



Tab. Lamisil / Terbisil / Terbiderm
250mg 1 tab OD 6 weeks

OR

Cap. Diflucan / Flucion / Fonaz
1 200mg once weekly 3-6 months

PLUS

Onychonil Nail Paint

OR

Dermosporin / Clotrim 1 % solution

ایک گولی رات(6-12ہفتے)
1 Tablet at night
6 weeks for fingernails and 12 weeks for toenails

ایک کیپسول ہفتے میں ایک بار
6-12 مہینے تک
1 Capsule once a week
6 weeks for fingernails and 12 weeks for toenails

روزانہ 2 بار
Twice a day

روزانہ 2 بار
Twice a day

TEACHING POINTS:

* Preferably start treatment after mycological confirmation of infection
* Both Terbinafine and azoles (Clotrimazole, Miconazole, Isoconazole etc.) have been found to be effective in achieving a normal-looking nail and curing the toenail infection
* Terbinafine is more effective than azoles; therefore, consider Terbinafine as first-line treatment.

FORMULAS:

Brand Name	Generic Name
Lamisil	Terbinafine
Diflucan / Flucon / Fonaz	Fluconazole
Clotrim / Dermosporin	Clotrimazole
Onychonil nail paint	Urea, salicylic acid, Piroctone olamine

GENERALIZED ITCHING

(Generalized pruritus "without" skin rash)

1	Tab. Atarax 25mg **OR** Tab. Softin / Lorin NSA / Klaritin 10 mg **OR** Tab. Piriton 4 mg **OR** Tab. Avil 25 mg **PLUS**	صبح۔شام Twice a day
2	Johnson Baby lotion **PLUS**	صبح۔شام Twice a day
3	Johnson's Baby soap	

TEACHING POINTS:

* Evaluate for diabetes, hypothyroidism, polycythemia rubra vera, iron deficiency anemia, obstructive jaundice, atopic dermatitis, helminth infestation, lymphoma etc.
* Check TSH, FBS, LFTs, CBC with peripheral film, ultrasound abdominal.
* Treat the cause if any.
* If visible rash, diagnose rash and treat accordingly.
* Also ask about use of medicated soaps which cause severe generalized pruritus.
* Advise to use skin moisturizer or simply oil after bathing.
* Advise to use cotton or lawn clothes.
* Advise to wash clothes with bar soaps instead of detergents.
* Advise Loratidine, Ebastine, Fexofenadine when sedation is a problem
* Advise Avil or Piriton if sedation is not a problem

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FORMULAS:

Brand Name	Generic Name
Atarax	Hydroxyzine
Softin / Lorin NSA / Klaritin	Loratidine
Piriton	Chlorpheniramine
Avil	Pheniramine

PITYRIASIS ROSEA

(A single larger lesion, called the herald patch, followed by eruption of smaller papulo- squamous oval lesions in a Christmas tree pattern)

1	Tab. Softin / Rigix / Gixer 10 mg **PLUS**	ایک گولی رات کو 1 Tablet at night
2	Hydrocortisone cream 1%	صبح شام مرہم لگائیں Apply twice a day

TEACHING POINTS:

- Most cases of Pityriasis rosea are self-limiting and require no treatment; however, need reassurance.
- Topical emollients may diminish the appearance.
- Oral antihistamines are used to reduce symptoms of pruritus Non-sedating antihistamines (e.g., Loratadine, Fexofenadine, and Cetirizine) can be given in the morning, while sedating antihistamines (e.g., Hydroxyzine) are usually given in the evening.
- In patient with constant itching that interferes with daily activities, low-to-mid-potency topical corticosteroids may be used, depending on the severity of the rash and symptoms

FORMULAS:

Brand Name	Generic Name
Softin	Loratadine
Gixer / Rigix	Cetirizine

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PITYRIASIS VERSICOLOR

(Hypo- or hyper pigmented coalescing scaly macules on the trunk and upper arms.)

1	Selsun Yellow shampoo twice a week **OR** Lamisil, Terbisil, Terbiderm, Terbimax 1% cream *(2 Weeks)* **OR**	نہانے کے بعد 10منٹ تک لگائیں ہفتہ میں دومرتبہ Apply for 10 minutes after taking bath twice a week صبح شام مرہم لگائیں Apply twice a week
2	Cap. Diflucan / Flucon / Fonaz 150mg	ہفتہ میں ایک مرتبہ دو ہفتے تک Once a week for 2 weeks

TEACHING POINTS:

* Advise patients to treat the whole neck, trunk, arms, and legs down to the knees, even if only small areas are involved.
* Topical therapy is preferred first-line therapy for all patients, especially children.
* For hair-bearing skin, lotions, shampoos, and solutions are better than cream-based products.
* Systemic therapy is primarily indicated for lesions that are extensive and resistant to topical therapy, and for patients who are immunosuppressed, experience frequent relapses, and have difficulty complying with topical therapies, as they are more convenient and less time consuming to use.
* Oral Terbinafine and Griseofulvin are ineffective in treating Pityriasis versicolor.
* Key risk factors include adolescent and young adult ages, high ambient temperature and humidity, greasy skin, hyperhidrosis, participation in athletics, and systemic corticosteroid or other immunosuppressant use.

Advise to use cotton or lawn clothes.

ORMULAS:

Brand Name	Generic Name
Lamisil, Terbisil, Terbiderm, Terbimax 1% cream	Terbinafine
Selsun Yellow shampoo	Selenium sulphide 2.5 %
Diflucan / Flucon/Fonaz	Fluconazole

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HEAD LICE

	Medicine	Instructions
1	English Anti-lice Shampoo **PLUS**	نہانے کیلئے For bath
2	Coopex Anti-lice Lotion *(leave it on 10 minutes before rinsing)*	نہانے سے پہلے Before bath

ایک ہفتہ کے وقفہ سے شیمپو یا لوشن لگائیں جب تک کہ جوئیں ختم نہ ہو جائیں۔

TEACHING POINTS:

* These shampoo and lotions contain permethrin which is safe.
* Repeated application after one weak will eradicate the new lice which hatch from ova.
* Treat all household contacts.
* Children less than 2 months old mechanical removal like shaving is recommended
* Mechanical removal methods include nit picking, shaving hair, or the preferred method, wet combing. Occlusive agents that may be used in this age group include petroleum jelly.
* Petroleum jelly is thought to obstruct the respiratory spiracles of the adult louse and block holes in the operculum of the eggs. About 30 to 40 g of standard petroleum jelly is massaged on the entire surface of the hair and scalp and left on overnight. Repeated shampooing over the following 7 to 10 days removes the residue and nits.

FORMULAS:

Brand Name	Generic Name
English Anti-lice Shampoo	Permethrin
Coopex Anti-lice Lotion	Permethrin

MELASMA

(Muddy brown macules on the skin, predominantly in the malar and central facial areas)

	Medicine	Instructions
1	Hyderquin 1% Cream **OR** Hyderquin plus cream / Tri-Melasin cream **PLUS**	رات کو لگائیں صبح صابن سے دھولیں۔ Apply at night, and wash with soap in morning چھ ماہ لگائیں۔ دن کو دھوپ سے بچیں۔ Apply for 6 months. Avoid direct sunlight during the day
2	Spectra block SPF 60 *(Apply to face every morning)* **PLUS**	دن کو چہرے پر لگائیں Apply on face during the day
3	Tab. Iberet Folic / Sangobion **PLUS**	ایک گولی روزانہ 1 Tablet daily
4	Syp. Zentel	پوری بوتل ایک بار پیئیں Take whole bottle once

TEACHING POINTS:

* Screen for anemia and helminths.
* Treat anemia and helminths.
* Increase strength of Hyderquin to 2% after 1 or 2 months.
* Use sun block (SPF 60%) during day or wear P-Cap during sun exposure.
* In pregnant women Azelaic acid cream can be used but it is best to defer treatment.
* Chemical peels can be used as 2nd line therapy in non-pregnant females.
* Do not use Hyderquin Plus Cream or Tri-Melasin in pregnancy.

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FORMULAS:

Brand Name	Generic Name
Hyderquin	Hydroquinone
Hyderquin Plus Tri-Melasin	Fluocinolone 0.01%, Hydroquinone 4%, and Tretinoin 0.05%
Iberet Folic / Sangobion	Iron + folic acid + vitamins
Zentel	Albendazole

LICHEN PLANUS

(Very Itchy, shiny, flat-topped violaceous papules and plaques with white lacy pattern on top affecting the flexor surfaces of body)

1	Clobevate / Dermovate / Clobeta Ointment **PLUS**	صبح شام مرہم لگائیں Apply twice a day
2	Tab. Softin / Rigix / Gixer 10mg	ایک گولی رات کو 1 Tablet at night

TEACHING POINTS:

* Hepatitis C infection may increase susceptibility, especially to oral disease.
* Refer for dermotogy opinion, immunosuppressants, and phototherapy.
* Kenalog cream applied twice daily for oral lesions.
* Enziclor mouth wash can be used for pain relief in oral lesions.

FORMULAS:

Brand Name	Generic Name
Clobevate / Dermovate / Clobeta Ointment	Clobetasol
Tab. Softin / Rigix / Gixer 10mg	Cetirizine
Kenalog Cream	Triamcinolone

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PSORIASIS (Mild)

(Erythematous plaques with silvery white scale. Punctate bleeding on removing scales with a sharp object called Auspit's sign)

1	Calcibet / Daivobet / Dervit-B ointment *(apply sparingly to the affected areas once daily for up to 4 weeks)*	رات کو لگائیں 4 ہفتے تک Apply at night for 4 weeks
	OR	
2	Hydrocortisone cream *(apply on face morning and evening)* **PLUS** Daivonex / Dervit ointment *(apply on face morning and evening)*	چہرے پر صبح شام لگائیں Apply on face twice a day صبح شام لگائیں Apply twice a day
	OR	
3	Betasalic / Provate-S / Betaderm-S	صبح شام لگائیں Apply twice a day on body

TEACHING POINTS:

* A topical corticosteroid in combination with a vitamin D analogue is more effective in treating disease than either treatment alone.
* Psoriasis patients can have involvement of joints and eyes as well.
* Nails may show typical pitting in psoriasis.
* Psosiatic arthritis is an aggressive arthritis needing referral.

FORMULAS:

Brand Name	Generic Name
Calcibet / Daivobet / Dervit-B Ointment	Calcipotriol + Beclomethasone
Daivonex / Dervit cream	Calcipotriol
Betasalic / Provate S / Betaderm S	Betamethasone Plus Salicylic acid

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SCABIES

1	Lotrix Lotion **PLUS**	رات کو گردن سے نیچے نیچے پاؤں تک لگائیں۔ Apply from neck to feet at night
2	Tab. Avil 25mg / Tab. Gixer 10mg	ایک گولی رات کو 1 Tablet at night

ہدایات:

☆ پورے جسم پر لگائیں، آٹھ گھنٹے دوا لگی رہنے دیں۔ اگر ضرورت ہو تو ایک ہفتے بعد دوبارہ لگا سکتے ہیں۔

☆ کپڑے، بیڈ شیٹ اور تکیہ کور بدل دیں۔

☆ میلے کپڑے سرف سے دھوئیں۔

☆ خارش ایک ہفتے بعد کم ہوگی۔

☆ سارے گھر والوں کو لگائیں چاہے خارش ہو یا نہ ہو۔

TEACHING POINTS:

* If the scabies rash is infected, give syp. / cap Ampiclox for 5 days.
* Treat all family members on the same day.
* Counsel that itching will take one week to settle.
* Explain that lotion should be applied to back as well.

FORMULAS:

Brand Name	Generic Name
Lotrix Lotion	Permethrin 5%
Avil	Pheneramine
Gixer Citrizine	Cetirizine

ENDOCRINOLOGY

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DIABETES (TYPE II) (PRESCRIPTION-1)

(New Onset Diabetes Type II with HBA1c above 6.5% with life style modifications)

1	Tab. Glucophage / Neodipar 500mg	ایک گولی صبح۔ایک رات 1 Tablet twice a day
	PLUS	
2	Tab. Atorvastatin 20mg *(In all diabetics b/w age 40-75 years)*	ایک رات کو 1 Tablet at night

پرہیز:

☆ چینی،گڑ،شکر،مٹھائی،بوتل،بیکری کی چیزیں،چاول،آلو،روٹی کم کھائیں۔

☆ سبزی،سلاد،دالیں،لوبیا،مرغی،انڈا،مچھلی کھائیں۔

☆ روزانہ ایک فروٹ کھاسکتے ہیں۔

☆ ایک گھنٹہ واک کریں۔

☆ وزن کم کریں

TEACHING POINTS:

* The basic problem in type 2 diabetes is insulin resistance, so Metformin is the drug of choice.
* The goal is to keep HBA1c 6.5%.
* If there are signs of insulin deficiency like weight loss, polyuria, polyphagia, polydipsia, then consider adding Insulin.
* Educate well about lifestyle changes and weight loss.
* Gradually increase the dose of Metformin to max of 2000 mg/day.
* Keep an eye on creatinine or e-GFR.
* Reduce Metformin to half if e-GFR is between 30-45.
* Stop Metformin if e-GFR is less than 30.
* Advise to take Metformin with meals if it causes GI upset.
* Advise creatinine eGFR, Albumin to creatinine ratio, fasting lipid profile, examination of eye and feet at diagnosis and annually.

FORMULAS:

Brand Name	Generic Name
Glucophage / Neodipar	Metformin

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DIABETES (TYPE II) (PRESCRIPTION 2)

(Uncontrolled on Metformin and HbA1c has risen to 7.5%)

1	Tab. Sita-Met / Galvus-Met / Vilda-Met / Trevia-Met / Sitaglu-Met / Jentin-Met 50/500mg **PLUS**	ایک گولی صبح شام 1 Tablet twice a day
2	Tab. Getformin / Evopride / Gluconor met / Gpride-M SR 1/500 **OR**	ایک گولی صبح شام 1 Tablet twice a day
3	Tab Piozer plus / Piomet/Piotone Plus 15/500 mg	ایک گولی صبح شام 1 Tablet twice a day

پرہیز:

☆ چینی، گڑ، شکر، مٹھائی، بوتل، بیکری کی چیزیں، چاول، آلو، روٹی کم کھائیں۔

☆ سبزی، سلاد، دالیں، لوبیا، مرغی، انڈا، مچھلی کھائیں۔

☆ روزانہ ایک فروٹ کھا سکتے ہیں۔

☆ ایک گھنٹہ واک کریں۔

☆ وزن کم کریں

TEACHING POINTS:

* Add SGLT-2 inhibitors if patient has CKD or CHD/ Heart failure/ increase cardiovascular risk factor (Xiga/Dapa 10 mg once daily).
* Target HbA1c is 6.5% on diet and non hypoglycemic agents.
* Target HbA1c is 7% for hypoglycemic agents.
* If not controlled with Sitagliptan and Meformin add Sulphonylurea (Tab. Daonil 5mg / Amaryl 2mg / Getryl 2mg / Diamicron MR 60mg) and increase Metformin to maximum of 2000mg/day.
* Total Metformin should not exceed 2G per day.
* Keep an eye on creatinine or e-GFR.
* Reduce Metformin to half if e-GFR is between 30-45.
* Stop Metformin if e-GFR is less than 30.
* Intensify the non-pharmacological measures.

Check compliance / adherence.

* Advise creatinine eGFR, ACR,Fasting Lipid Profile, examination of eyes and feet at diagnosis and annually.

FORMULAS:

Brand Name	Generic Name
Sita-Met / TreviaMet / Sitaglu-Met / Jentin-Met	Sitagliptin Plus Metformin
Galvus Met / Vildo-Met	Vildagliptin + Metformin
Tab. Getformin / Evopride / Gluconor met / Gpride-M SR 1/500	Glimepiride + Metformin
Daonil	Glibenclamide
Amaryl / Getryl	Glimepiride
Diamicron	Gliclazide
Xiga/Dapa	Dapagliflozin

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DIABETES (TYPE II) (PRESCRIPTION 3)

(Uncontrolled on two Oral hypoglycemics and HbA1c has risen to 7.5%)

1	Tab. Sitagliptan / Metformin 50/1000mg	ایک گولی صبح۔ایک گولی رات 1 Tablet twice a day
	PLUS	
2	Tab Getryl / Amaryl 4 mg	ایک گولی روزانہ 1 Tablet daily
	OR	
	Inj. Lantus 14 Units at night S/C	رات کو ایک ٹیکہ لگائیں One injection at night
	OR	
3	Tab Empa / Jardy / Diampa / Xenglu 10mg	ایک گولی روزانہ Once a day
	OR	
	Tab Dapa / Xiga 10mg	ایک گولی روزانہ Once a day

TEACHING POINTS:

* The initial starting dose of insulin is 0.1-0.2 units/kg/day
* Gradually increase the dose of Lantus insulin by 2 units
* Continue metformin along with insulin
* Achieve target of HbA1C of 6.5-7.0
* Intensify non pharmacological measures.
* If patient cannot afford Lantus, then advise humulin-N as basal insulin at night.
* Educate about chances of hypoglycemia and its immediate remedy at home.
* Check e-GFR before prescribing Empagliflozin or Dapagliflozin.

FORMULAS:

Brand Name	Generic Name
Lantus	Glargine
Getryl / Amaryl	Glimepiride
Empa / Jardy / Diampa / Xenglu	Empagliflozin
Dapa / Xiga	Dapagliflozin

HYPOTHYROIDISM

(Cold intolerance, dry skin, coarse skin, constipation, bradycardia, edema, weight gain, hair thinning, puffy face, slowness in actions, increased sleep, depression, lethargy, very high Cholesterol or Triglyceride)

1	Tab. Thyroxine 50mcg	صبح۔خالی پیٹ 2 گولیاں، پانی کے ساتھ۔ 2 Tablets on empty stomch with plain water in the morning

گولیوں کے بعد کھانا، دودھ، دوسری دوائیں مت کھائیں۔

TEACHING POINTS:

* Levothyroxine: 1.6 micrograms/kg/day orally adjust dose in increments of 25 micrograms to normalize TSH
* Increase / decrease dose of Thyroxine after monitoring TSH.
* Check TSH 6 weeks after starting Thyroxin or changing dose of Thyroxine. Do not check TSH earlier than 6 weeks.
* Increase dose of Thyroxine by half tablet only. (i.e., 25mcg)
* Once TSH is normal, check TSH only annually
* Do not advise other medicines with Thyroxine specially iron, calcium, PPIs, H2 receptor blocker, if needed then take 4 hours apart.
* Advise to take Thyroxine lifelong, half hour before breakfast.
* Screen for depression and suicidal ideations.
* Very carefully start Thyroxine in age >65 years, cardiac and hypertensive patients i.e., 25mcg and slowly titrate up.

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HYPERTHYROIDISM

(Heat intolerance, increased appetite, weight loss moist warm skin, diarrhea, palpitations, tremors, insomnia, fast actions, anxiety, hair loss, eye changes)(Diffuse smooth Goiter present in Grave's disease, large irregular goiter is present in toxin multinodular goiter, small unilateral thyroid lump is present in thyroid nodule)

1	Tab. Inderal 40mg *(If patient does not have Asthma)* **PLUS**	ایک گولی صبح۔دوپہر۔شام 1 Tablet thrice a day
2	Tab. Neo-Mercazole 5mg **OR** Tab. PTU 50mg *(If pregnant)*	ایک گولی صبح۔دوپہر۔شام 1 Tablet thrice a day ایک گولی صبح۔دوپہر۔شام 1 Tablet thrice a day

6-12 ماہ کا کورس

TEACHING POINTS:

* Once you diagnose hyperthyroidism start Inderal to control symptoms.
* Taper the dose of betablocker once antithyroid become effective
* Check Thyroid scan to differentiate between diffuse or nodular thyroid. Do not advise Thyroid Scan in pregnancy.
* Then start Neo-mercazole or PTU (pregnant patient in 1st trimester) to control hormone production.
* Do not advise Neomercazole or P.T.U before Thyroid Scan, otherwise thyroid scan may come out very confusing.
* Check CBC, TFT every 4-6 weeks for antithyroid drugs.
* Always make the patient euthyroid with drugs.
* After 6-12 months, taper drugs, only in Graves Disease.
* Grave's disease patients who relapse, make them euthyroid again with drugs, send for Radioactive Iodine Ablation (RIA) or surgery.
* Radioactive iodine therapy is contraindicated in pregnant and lactating women, and is felt to be a poor choice for patients with active orbitopathy. All women of childbearing age should have a pregnancy test prior to therapy.
* Send patients due to solitary adenoma or multi nodular goiter for RIA or surgery once they are euthyroid on drugs, do not wait for 6-12 months.
* Always seek endocrinologist opinion in all cases of hyperthyroidism.
* Warn all patients to stop carbimazole and report back if they develop infections, especially sore throat.

FORMULAS:

Brand Name	Generic Name
Inderal	Propranolol
Neo-Mercazole	Carbimazole
PTU	Propylthiouracil

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PHYSIOLOGICAL GOITER

Asymptomatic patient with soft diffuse Goiter in front of neck. Occurs at puberty and in pregnancy when there is increased demand for iodine in the body. (TSH is normal)

TEACHING POINTS:

* Physiological Goiter occurs at puberty and in pregnancy, but we must rule out thyroid dysfunction by checking only TSH.
* There is no need for any treatment.
* Only recommend iodized salt for the entire family of patients.
* There is no need of regular follow up unless there are new symptoms.
* If the Thyroid Function Tests show hypothyroidism or Hyperthyroidism, then treat accordingly.

EMERGENCIES

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ACUTE SOFT TISSUE INJURY

(Ankle sprain, fall, sports injury, overuse etc.)
(Without external bleeding)

1	Tab. Dicloran 50mg / Brufen 400mg / Naproxen 500mg **PLUS**	ایک گولی صبح۔دوپہر۔شام کھانے کے بعد ایک ہفتہ 1 Tablet thrice a day after meals (for 1 week)
2	Froben Gel / Brufen cream / Feldene Gel / Dicloran Gel / Voltral Emulgel	

☆ صبح۔دوپہر۔شام کریم لگائیں

☆ ٹھنڈی سکائی / ٹکور کریں

☆ آرام کریں۔

☆ متاثرہ حصے کو اونچا رکھیں

گرم پٹی (Crepe Bandage) استعمال کریں۔

TEACHING POINTS:

- Give PPI if patient already has GI upset, is elderly, on Asprin or on anticoagulants etc.
- Advise X-ray of affected part if trauma is severe, patient can't bear weight or has severe swelling/bruising.

FORMULAS:

Brand Name	Generic Name
Dicloran	Diclofenac
Brufen	Ibuprofen
Feldene	Piroxicam
Froben	Flurbiprofen
Voltral Emulgel	Diclofenac

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ACUTE MUSCULAR SPASM

(Muscle Pull, Torticollis)

1	Tab. Dicloran 50mg / Brufen 400mg / Naproxen 500mg / Xobix 7.5mg / NISE 100mg **PLUS**	ایک گولی صبح۔شام کھانے کے بعد 3 دن 1 Tablet twice a day, after meals for 3 days
2	Tab. Nuberol Forte / Diagesic-P / Wilgesic **OR** Tab. Ternelin 2mg / Movax 2mg	ایک گولی صبح۔دوپہر۔شام 3 دن 1 Tablet thrice a day for 3 days ایک گولی صبح۔شام 3 دن 1 Tablet twice a day (for 3 days)

☆ آرام کریں۔

☆ بغیر وزن ڈالے متاثرہ جگہ کو حرکت میں رکھیں۔

☆ مالش کریں

TEACHING POINTS:

* Painful muscles develop spasms and spasms then increase pain. Therefore, muscle relaxants help the patients.

FORMULAS:

Brand Name	Generic Name
Dicloran	Diclofenac
Brufen	Ibuprofen
Xobix	Meloxicam
NISE	Nimesulide
Nuberol Forte Wilgesic Forte	Paracetamol Plus Orphenadrine
Ternelin / Movax	Tizanidine
Diagesic-P	Paracetamol, Caffeine, Thioridazine

ACUTE APPENDICITIS

(Central abdominal pain, moving to right iliac fossa, with fever, nausea. On examination there may be tenderness in R.I.F., rebound tenderness, Rovsing's sign, obturator sign, psoas sign)

1	Cap.Cefim 400mg / Cefspan / Fixval for 7 days **OR** Tab. Novidat 500mg *(twice a day for 7 days)* **PLUS**	ایک کیپسول روزانہ 1 Capsule daily ایک گولی صبح۔شام روزانہ 1 Tablet twice a day
2	Tab. Flagyl 400mg **PLUS**	ایک گولی صبح۔دوپہر۔شام ایک ہفتہ 1 Tablet thrice a day for 1 week
3	Tab. Panadol 500mg	دو گولیاں صبح۔دوپہر۔شام درد کی صورت میں 2 Tablets thrice a day in case of pain

☆ دو دن کھانا بند، صرف نورس یا جام شیریں شربت پیئیں۔

☆ اگلے دو دن بہت نرم غذا کھائیں مثلاً دہی، کھیر، جوس وغیرہ

☆ اگلے دو دن نرم غذا کھائیں مثلاً کھچڑی، شوربے والی روٹی، دلیہ اس کے بعد نارمل کھانا کھائیں۔

☆ اگر درد بڑھے یا برداشت سے زیادہ ہو تو ہسپتال جائیں۔

☆ اگر اُلٹیاں آئیں یا پاخانے سے خون آئے تو ہسپتال جائیں۔

☆ اگر پیٹ پھول جائے تو ہسپتال جائیں۔

TEACHING POINTS:

Nowadays a mild-moderate episode of acute appendicitis is treated like a gut infection with antibiotics and bowel rest. There are a number of large clinical trials to support Nonoperative

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Treatment of Appendicitis (NOTA)

* Explain and write danger signs clearly as a safety net.
* Refer if the pain is severe or patient has risk factors.

FORMULAS:

Brand Name	Generic Name
Cefim / Cefspan / Fixval	Cefixime
Novidat	Ciprofloxacin
Flagyl	Metronidazole
Panadol	Paracetamol

ACUTE ANAL FISSURE

1	Tab. Laxoberon **PLUS**	تین گولی صبح شام 3 Tablets twice a day
2	Tab. NISE 100mg / Dicloran 50mg / Ponstan Forte 500mg **PLUS**	ایک گولی صبح شام (کھانے کے بعد) 1 Tablet twice a day (after meal)
3	Xylo-Aid Jelly / Tronolone cream **PLUS**	پاخانے سے پہلے لگائیں Apply before stool
4	GTN 4% Cream	پاخانے سے پہلے لگائیں Apply before stool

☆ اسپغول کا چھلکا دو گلاس پانی کے ساتھ روزانہ استعمال کریں۔

☆ کھانے میں سلاد، سبزیاں اور فروٹ زیادہ استعمال کریں۔

☆ پانی زیادہ پیئیں۔

☆ گرم پانی کے ٹب میں بیٹھ کر پخانے کی جگہ کی سکائی کریں۔

EACHING POINTS:

* Avoid constipation
* Soften stools by prescribing laxatives till recovery
* If recurrent, refer to surgeon.
* Advise to stop straining while passing stools.
* Advise sitz bath.
* Xylo-Aid/Tronolone for symptomatic relief.
* GTN relaxes the sphincter.

ORMULAS:

Brand Name	Generic Name
Laxoberon	Picosylate
NISE	Nimesulide
Dicloran	Diclofenac
Ponstan Forte	Mefenamic Acid
Xylo-Aid Jelly	Lignocaine Jelly
GTN 4% Cream	Glyceryl Trinitrate Cream
Tronolone	Pramoxine

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ACUTE PERITONITIS IN PRIMARY CARE

(Patient has severe sharp abdominal pain, increased by moving, patient lies till, clinical signs show Guarding / Rigidity)

1	Inj. Ceftriaxone 1G I/V **PLUS**	ایک ٹیکہ صبح ۔شام 1 Injection twice a day
2	Inj. Flagyl 500mg I/V **PLUS**	ایک ٹیکہ صبح ۔شام 1 Injection twice a day
3	Infusion. Ringer lactate 1000cc I/V - Bolus then Infusion Ringer lactate 100 ml/hr till reaches hospital. **PLUS**	
4	Inj. Risek / Esso / Nexum 40 I/V	ایک ٹیکہ صبح ۔شام 1 Injection twice a day

TEACHING POINTS:

* Urgently refer for admission under surgery team.
* Put Nasogastric Tube if available.
* Advise Nothing Per Oral (NPO).
* Maintain record of Urine Output.
* Use 18 Gauge cannula .

FORMULAS:

Brand Name	Generic Name
Flagyl	Metronidazole
Risek	Omeprazole
Esso / Nexum	Esomeprazole

ACUTE CHOLECYSTITIS

(Right hypochondrial pain increasing on breathing, radiating to back, associated with fever and vomiting. Murphy's sign positive)

1	Inj. Oxidil / Cefxone / Rocephin IG I/V **PLUS**	ایک ٹیکہ صبح ۔شام 1 Injection twice a day
2	Inj. Nospa / Spasfon I/V **PLUS**	ایک ٹیکہ صبح ۔شام 1 Injection twice a day
3	Inj. Gravinate 10ml I/V **PLUS**	ایک ٹیکہ صبح ۔شام 1 Injection twice a day
4	Inj. Provas Infusion 1000ml I/V **OR** Inj Toradol 30 mg IV	ایک ٹیکہ صبح ۔شام 1 Injection twice a day

☆ تین دن کا کورس، پھر گولیاں شروع کریں۔

☆ غذا میں چکنائی بند کریں۔

☆ اگر طبیعت بہتر نہ ہو تو سرجن کو دکھائیں۔

TEACHING POINTS:

* Refer all sick patients to general surgeon for admission.
* Advise CBC, LFTs, Ultrasound.
* Ultrasound will show increased gall bladder wall thickness
* Once patient feels better on I/V, shift to oral.
* Complete 10 days course of antibiotic including three days of IV and seven days of oral.

1	Tab. Novidat 500mg **PLUS**	ایک گولی صبح ۔شام سات دن 1 Tablet twice a day (for 7 days)
2	Tab. Paracetamol 500mg / Tab. Ponstan Forte **PLUS**	دو گولیاں صبح ۔دوپہر ۔شام سات دن 2 Tablet thrice a day (for 7 days)
3	Tab Nospa Forte / Spasfon **PLUS**	ایک گولی صبح ۔دوپہر ۔شام سات دن 1 Tablet thrice a day (for 7 days)
4	Tab. Gravinate 25mg	ایک گولی صبح ۔دوپہر ۔شام سات دن 1 Tablet thrice a day (for 7 days)

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* If empyema on ultrasound or gall stones in biliary tract, refer urgently.

FORMULAS:

Brand Name	Generic Name
Oxidil / Cefxone / Rocephin	Ceftriaxone
Nospa Forte	Drotaverine
Provas Infusion	Paracetamol
Ponstan Forte	Mefenamic acid
Gravinate	Dimenhydrinate
Spasfon	Phloroglucinol plus Trimethophloroglucinol

ALLERGIC REACTIONS

(Drugs, Food, Chemical)

Tab. Avil 25mg / Tab. Piriton 4mg	آدھی گولی صبح، آدھی گولی دوپہر، ایک گولی رات (پانچ دن) ½ Tablet in morning, ½ at noon and 1 tablet at night (for 5 days)
OR	
Tab. Telfast / Fexet 120mg	ایک گولی صبح۔شام 1 Tablet twice a day
OR	
Tab. Softin / Lorin NSA / Xylor10mg	ایک گولی صبح۔شام 1 Tablet twice a day
OR	
Tab. Rigix / Gixer / Zyrtec10mg	ایک گولی صبح۔شام 1 Tablet twice a day
OR	
Tab. Kestine 10mg	ایک گولی صبح۔شام 1 Tablet twice a day

TEACHING POINTS:

* Identify the cause of allergy and try to control it.
* Give treatment for five days because allergy has a delayed phase as well which occurs on day three.
* For topical application advise calamine lotion as needed.
* Ask about soap, lotion, shampoo, food, detergents etc. as possible causes of allergy.
* Medicated soaps can also cause allergy.

FORMULAS:

Brand Name	Generic Name
Avil	Pheniramine
Piriton	Chlorpheniramine
Telfast / Fexet	Fexofenadine
Softin / Lorin NSA / Xylor	Loratidine
Rigix / Gixer / Zyrtec	Cetirizine
Kestine	Ebastine

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BEE STING

1	Tab. Avil 25mg OR Tab. Piriton 4mg		آدھی گولی صبح، آدھی گولی دوپہر، ایک گولی رات (پانچ دن) ½ Tablet in morning, ½ at noon and 1 tablet at night (for 5 days)

☆ برف کی سکائی کریں۔

☆ طبیعت خراب ہو تو ہسپتال میں چلے جائیں۔

TEACHING POINTS:

* Bee sting contains venom. Causes edema and local allergic reaction (Angioedema)
* Educate about systemic absorption of venom which causes palpitation and changes in blood pressure and descrease level of consciousness.
* Sometimes bee sting can cause anaphylactic reaction which will need adrenaline and other measures.
* Stings usually do not contain germs hence antibiotics are not usually required.
* Antibiotics are required for insect "bites" only, not "stings".

FORMULAS:

Brand Name	Generic Name
Avil	Pheniramine
Piriton	Chlorpheniramine

ANAPHYLAXIS

(Anaphylaxis is a very severe life threatening allergic reaction in the body. It can occur due to blood transfusion, bee stings, drugs, peanut allergy or any other food allergy)

	Two liters Ringer's Lactate **PLUS**	
2	Inj. Adrenaline 0.5 ml IM Stat and repeat after 15 minutes if required. **PLUS**	
	Inj. Avil I/V stat **PLUS**	
4	Inj. Hydrocortisone 250mg I/V Stat **PLUS**	
3	Ventolin Nebulizer as needed	

TEACHING POINTS:

* Anaphylaxis needs immediate lifesaving step in a GP clinic before referring to hospital.
* Two IV lines of 18 G.
* Give oxygen at 4-6 liters.
* Check oxygen by pulse oximeter.
* Elevate legs of patient to improve venous return.
* Put patient in supine position.
* If patient in vomiting or short of breath, then keep patient in position of comfort.
* Continue anti-allergy for 5 days.

FORMULAS:

Brand Name	Generic Name
Avil	Pheniramine
Ventolin	Salbutamol

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BURNS

1	Polyfax Plus skin ointment *(Green Polyfax)* **OR** Xyloaid Ointment **OR** Dermazin / Quench Cream **PLUS**	صبح شام لگائیں Apply twice a day
2	Inj. Imitet / Tetavax (I/M) (Stat)	اگر پچھلے پانچ سالوں میں یہ ٹیکا نہیں لگا If not vaccinated in the last 5 years

TEACHING POINTS:

* Usually burns do not need antibiotics in the beginning because germs are burnt as well.
* When secondary bacterial infection occurs, antibiotics like Ampiclox or Augmentin should be used.
* Advise first dose of tetanus vaccine (Imitet) on first day, then second dose after one month and third dose after 2 months if the patient is not previously immunized. This will complete the primary immunization of the patient and he will not need TIG and ATS again.

FORMULAS:

Brand Name	Generic Name
Polyfax Plus skin ointment	Polymyxin + Bacitracin + Lignocaine
Xyloaid Ointment	Lignocaine, Polymyxin, Neomycin, Zinc Bacitracin
Dermazin / Quench Cream	Silver Sulphadiazine
Imitet / Tetavax	Tetanus Vaccine

CANINE BITE (DOG, CAT, MONKEY)

(Treat as Rabies unless the animal is in custody under observation and looks normal)

1	Inj. Rabies Immunoglobin I/M *(Half around the bite and half I/M) (20 units per kg body weight)* **PLUS**	
2	Inj. Rabies Vaccine I/M or S/C Stat (Day 0) *(Other doses are on day 3,7,14 & 28)* **PLUS**	
3	Inj. Tetanus Vaccine I/M - 1 *(If previous un-immunized then give two more doses 1,2 months)* **PLUS**	
4	Tab. Augmentin 625mg **PLUS**	صبح۔ دوپہر۔ شام 1 Tablet thrice a day
5	Tab. Ponstan Forte 500mg / Dicloran 50mg / Naproxin 500mg	صبح، شام کھانے کے بعد Twice a day (after meal)

TEACHING POINTS:

* If the animal is rabied, runs away, or is killed consider it as rabied. Do not take risk.
* If the animal looks normal and is in custody under observation then hold immunoglobulin for upto10 days, but give vaccine.
* If the animal dies or becomes rabied under custody then immediately give immunoglobulin as mentioned.
* Clean wound thoroughly with soap and water.
* Do not stitch wound of animal bite.
* If the person is not immunized against tetanus give tetanus immunoglobulin (TIG) I/M stat in addition to tetanus vaccine.

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FORMULAS:

Brand Name	Generic Name
Augmentin	Co-Amoxiclav
Ponstan Forte	Mefenamic Acid
Dicloran	Diclofenac

GUNSHOT / STAB WOUNDS / PENETRATING ABDOMINAL INJURY

1	Inf. Ringer's lactate / Normal Saline 1000cc IV stat **PLUS**	
2	Inj. Ceftriaxone IG I/V stat **PLUS**	
3	Inj. Flagyl 500mg I/V stat	

TEACHING POINTS:

- Arrange referral (Immediate)
- Put 2 I/V lines of 18 guage.
- Stop oral diet and fluids (NPO)
- Put Nasogastric tube.
- Save sample for CBC, blood group and cross match.
- Check CBC, BUN, Creatinine, Electrolytes, blood sugar (In hospital)
- Activate surgical team for exploratory laparotomy.
- Control external bleeding by compression.
- Maintain detailed notes in clear handwriting for Medico-Legal reasons.
- Always provide first aid to save lives of all injured patients.
- In your notes always mention date, time, names of attendent, vitals of arrival, factual description of wounds, treatment given and time of referal.
- Do not comments/Judge the weapon or bullets in your notes, clearly describe wounds in a scientific way.
- Keep carbon copy or photocopy of your notes.

FORMULAS:

Brand Name	Generic Name
Flagyl	Metronidazole

HEAD INJURY

(Without danger signs i.e., loss of consciousness, increasing headache, excessive vomiting, bleeding from nose or ear, CSF leak from nose or ear, seizure, drowsiness, fractured skull or neck)

1	Tab. Panadol 500mg **PLUS**	دو گولیاں صبح۔دوپہر۔شام 2 Tablets thrice a day
2	Tab. Domel / Motilium 10mg *(in case of vomiting)* **PLUS**	ایک گولی صبح۔دوپہر۔شام 1 Tablet thrice a day
3	Tab. Stemetil 5mg *(in case of vertigo)*	ایک گولی صبح۔دوپہر۔شام 1 Tablet thrice a day

TEACHING POINTS:

* Do not order CT scan or admit without danger signs.
* Educate about danger signs as mentioned above when sending pt home.
* Check patient arousability by waking him up every two hours at home.
* Do not give sedative painkillers or antiemetics like Tramadol or Gravinate because these will confuse with the drowsiness of head injury.
* Do not give NSAID or Disprin because all NSAIDs have antiplatelet activity and can worsen bleeding.
* Advise light diet because diet-induced vomiting may confuse with vomiting of raised intracranial pressure.

FORMULAS:

Brand Name	Generic Name
Panadol	Paracetamol
Domel / Motilium	Domperidone
Stemetil	Prochlorperazine

INSECT BITE

(Ticks, Fleas, Flies, Beetles etc.)

1	Tab. Avil 25mg **OR** Tab. Piriton 4mg **PLUS**	آدھی گولی صبح، آدھی گولی دوپہر، ایک گولی رات (پانچ دن) ½ Tablet in morning, ½ at noon and 1 tablet at night (for 5 days)
2	Tab. Augmentin / Calamox 625mg **PLUS**	ایک گولی صبح۔دوپہر۔شام (تین دن) 1 Tablet thrice a day for 3 days
3	Fucidin-H Cream	زخم پر لگائیں Apply on the wound

TEACHING POINTS:

* Bite of insect contains saliva, enzymes and germs.
* If there is surrounding erythema or cellulitis around the bite mark then give oral antibiotic.
* Advise cold compresses.

FORMULAS:

Brand Name	Generic Name
Avil	Pheniramine
Piriton	Chlorpheniramine
Augmentin / Calamox	Co-Amoxiclav
Fucidin-H	Fusidic acid + Hydrocortisone

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RAT / HORSE / DONKEY / CAMEL BITE

(Rodent and herbivorous bite)

1	Inj. Tetanus Vaccine I/M Stat **PLUS**	
2	Tab. Augmentin 625mg **PLUS**	ایک گولی صبح۔دوپہر۔شام (تین دن) 1 Tablet thrice a day (for 3 days)
3	Tab. Panadol	دوگولی صبح۔دوپہر۔شام (پانچ دن) 2 Tablets thrice a day (for 5 days)

TEACHING POINTS:

* Rodents like rats, rabbits, squirrels do not spread rabies. Only cover for tetanus.
* Wash wounds thoroughly with soap and water.
* If the patient is not immunized against tetanus, then also give Inj. Tetanus Immune Globulin (TIG) I/M stat in addition to tetanus vaccine. Also give two more doses of vaccine at 1, 2 months.
* Do not stitch wounds, only dress them.

FORMULAS:

Brand Name	Generic Name
Augmentin	Co-Amoxiclav
Panadol	Paracetamol

ROAD TRAFFIC ACCIDENT WOUNDS (WITH ABRASIONS)

1	Inj. Tetanus Toxoid I/M - 1 Stat *(If not immunized previously then give two more doses at 1,2 months)* **PLUS**	
2	Tab. Augmentin 625mg **PLUS**	ایک گولی صبح۔شام (پانچ دن) 1 Tablet thrice a day (for 5 days)
3	Tab. Dicloran 50mg / Brufen 400mg / Naproxen 500mg **PLUS**	ایک گولی صبح۔دوپہر۔شام 1 Tablet thrice a day
4	Polyfax Plus skin ointment *(Green)*	

TEACHING POINTS:

* If the patient is not immunized previously also give Inj. Tetanus Immune Globulin (TIG) I/M Stat, also give 2 more doses of Tetanus Vaccine one month apart.
* If the person is immunized previously then only one dose of tetanus vaccine is enough.
* Wash wounds thoroughly with soap and water.
* Look for neck injury, internal injury or shock.
* Look for foreign bodies in wounds.

FORMULAS:

Brand Name	Generic Name
Augmentin	Co-Amoxiclav
Flagyl	Metronidazole
Dicloran	Diclofenac
Brufen	Ibuprofen
Polyfax Plus	Polymyxin + Bacitracin + Lignocaine

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SCORPION STING

1	Inj. Xylocaine 2% (Plain)S/C around the sting site. **PLUS**	
2	Tab. Diclofenac 50mg **PLUS**	ایک گولی صبح۔شام 1 Tablet twice a day
3	Cap. Pregabalin 75mg	ایک کیپسول صبح۔شام 1 Capsule twice a day for 3 days

TEACHING POINTS:

* Scorpion sting contains neurotoxic venom and cause severe shooting pain which is unbearable.
* Educate about systemic absorption of venom which presents as tachycardia, hypotension and altered level of consciousness. Advise to go to hospital in such situations.
* Stings usually do not contain germs because of venom hence antibiotics are usually not required.

FORMULAS:

Brand Name	Generic Name
Xylocaine	Lignocaine

EAR, NOSE AND THROAT

For any suggestions or feedback about the book, kindly contact at:

/ 0332 425 09 68

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ACUTE OTITIS MEDIA

1	Tab. Panadol 500mg / Ponstan Forte 500mg / Brufen 200mg **PLUS**	ایک گولی صبح۔دوپہر۔شام دو دن (کھانے کے ساتھ) 1 Tablet thrice a day after meals for 2 days
2	Cap. Amoxil 500mg **PLUS**	ایک کیپسول صبح۔دوپہر۔شام دس دن کا کورس مکمل کریں 1 Capsule thrice a day complete 10 days course
3	Xynosine Nasal Spray	ناک میں تین قطرے سپرے کریں دن میں چار مرتبہ یعنی صبح۔دوپہر۔شام Spray 3 drops thrice a day inside the nose

ہدایات:

☆ صرف تین دن استعمال کریں ورنہ عادت ہوجائے گی

☆ بھاپ لیں۔

TEACHING POINTS:

* Prescribe antibiotics in otitis media if the child is less than 6 months of age, or otitis media is unilateral and severe, or bilateral, or child is at high risk for complications.
* In acute otitis media especially in infants counseling regarding proper positioning of feed is important as the eustachian tube is horizontal as compared to adults so the position during mother feed is important in counseling.
* If Penicillin allergy, give
  i. Tab. Klaricid 500mg — ایک گولی صبح۔شام ساتھ دن
  OR
  Cap. Keflex 500mg — ایک گولی صبح۔دوپہر۔شام دس دن
* Xynosine is meant to open nasopharynx and eustasian tube.
* If tympanic membrane ruptures, advise to keep ear dry by vaseline-soaked cotton. No need for ear drops in acute otitis media.
* If only otitis externa, then give

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Cipotic-D / Kunoxy ear drops. صبح۔شام

OR

Lidosporin ear drops صبح۔دوپہر۔شام

* In children give:

Syp. Amoxilillin 250/5ml @ 80-90mg/kg/day (not>3g/day).

OR

Syp. Keflex 250/5ml @ 75-100 mg/kg/day (not more than 3g/day)

OR

Syp. Klaricid 250/5ml @ 15mg/kg/day, 2 divided doses.
(not more than 1g/day)

FORMULAS:

Brand Name	Generic Name
Panadol	Paracetamol
Ponstan Forte	Mefenamic Acid
Brufen	Ibuprofen
Amoxil	Amoxicillin
Xynosine Nasal Spray	Xylometazolin
Klaricid	Clarithromycin
Keflex	Cefalexin
Cipotic-D	Ciprofloxacin Plus Dexamethasone
Lidosprin	Neomycin, Plus Polymyxin Plus Lignocaine
Kunoxy ear drops	Ofloxacin

ACUTE ON CHRONIC OTITIS MEDIA

1	Tab. Panadol / Ponstan **PLUS**	دو گولیاں صبح۔دوپہر۔شام (کھانے کے ساتھ) 2 Tablet thrice a day, (with meal)
2	Cap. Amoxil 500mg **PLUS**	ایک کیپسول صبح۔دوپہر۔شام دس دن 1 Capsule thrice a day, (for 10 days)
3	Otosporin / Lidosporin Ear Drops	تین تین قطرے صبح۔دوپہر۔شام دو ہفتے 3 Drops, 3 times daily, (for 2 weeks)

ہدایات:

☆ کان کو خشک رکھیں۔نہاتے ہوئے کان کو پانی سے بچائیں۔

☆ کان کی صفائی رکھیں

TEACHING POINTS:

* Treat the acute episode as Acute Otitis Media.
* Keep the ear dry.
* Educate patient about need of surgery.
* When ear becomes dry, send to ENT for tympanoplasty.
* Advise hygiene & dryness of ear at all times.
* In children give:

Syp. Amoxilillin 250/5ml @ 80-90mg/kg/day (not>3g/day).

OR

Syp. Keflex 250/5ml @ 75-100 mg/kg/day (not more than 3g/day)

OR

Syp. Klaricid 250/5ml @ 15mg/kg/day, 2 divided doses.
(not more than 1g/day)

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FORMULAS:

Brand Name	Generic Name
Panadol	Paracetamol
Ponstan Forte	Mefenamic Acid
Amoxil	Amoxicillin
Otosporin ear drops	Neomycin sulphate, polymyxin sulphate and hydrocortisone
Lidosporin ear drops	Neomycin, Plus Polymyxin Plus Lignocaine

ACUTE SINUSITIS

1	Tab. Panadol / Ponstan **PLUS**	دو گولیاں صبح ۔ دوپہر ۔ شام 2 Tablets thrice a day daily
2	Xynosine Nasal Drops **PLUS**	ناک میں تین مرتبہ سپرے کریں یعنی صبح ۔ دوپہر ۔ شام صرف تین دن استعمال کریں ورنہ عادت ہو جائے گی Spray in each nostril thrice a day for 3 days only, otherwise dependance will develop
3	Mucolator Sachet	ایک ساشے صبح ۔ دوپہر ۔ شام تین دن 1 Sachet, thrice a day for 3 days

ہدایات:

☆ ناک کے ذریعے 20 منٹ تک بھاپ لیں۔

☆ یخنی، سوپ، جوشاندہ، قہوہ کا زیادہ استعمال کریں۔

TEACHING POINTS:

* Acute sinusitis is mostly viral, hence artibiotics are not required.
* It commonly develops if anti-allergy like chlorpheniramine, citrizine are used in viral URTI which thicken the mucous and result in blockage of sinuses.
* Advise antibiotics only if there is high grade fever, purulent nasal discharge and patient is sick.
* Normal saline douching before usage of topical drops.

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* FIRST LINE ANTIBIOTICS FOR ACUTE SINUSITIS:

1	Cap. Amoxil 500mg	ایک کیپسول صبح۔دوپہر۔شام دس دن 1 Capsule thrice a day, for 10 days
2	*If no improvement* Tab. Augmentin 625mg	ایک گولی صبح۔دوپہر۔شام دس دن 1 Tablet thrice a day, for 10 days
3	*If Penicillin Allergy, then* Tab. Klaricid 500mg	ایک گولی صبح۔شام ساتدن 1 Tablet twice a day, for 7 days
	OR	
	Cap. Keflex 500mg	ایک کیپسول صبح۔دوپہر۔شام دس دن 1 Tablet thrice a day, for 10 days
	OR	
	Cap Vibramycin 100mg *(Be careful about pregnancy)*	ایک کیپسول صبح۔شام دس دن 1 Tablet twice a day, for 10 days

FORMULAS:

Brand Name	Generic Name
Panadol	Paracetamol
Ponstan	Mefenamic Acid
Xynosine Nasal Drops	Xylometazolin
Mucolator Sachet	Acetylcystine
Muconyl	Terbutalin + Guaifenesin
Keflex	Cephalexin
Klaricid	Clarithromycin
Vibramycin	Doxycycline

ACUTE LARYNGITIS

1	Tab. Ponstan Forte 500mg / Brufen 200mg / NISE 100mg **PLUS**	ایک گولی صبح۔دوپہر۔شام دودن کھانے کے بعد 1 Tablets thrice a day, for 2 days (after meal)
2	Tab. Telfast-D / Fexet-D	ایک گولی صبح۔شام پانچ دن 1 Tablet twice a day, for 5 days

ہدایات:

☆ بھاپ لیں۔
☆ یخنی،سوپ،جوشاندہ استعمال کریں۔
☆ بہت کم بولیں۔سرگوشی اور چیخنے سے بچیں۔
☆ اشاروں سے دوسروں کو سمجھائیں۔

TEACHING POINTS:

* Common causes are viral and allergy and do not need antibiotics.
* Voice rest is very important to reduce edema of larynx.
* If patient does not improve or is sick give:
  Cap. Amoxil 500mg
* If the child has stridor, never examine, never do any intervention and urgently refer to hospital where both ENT and anesthetist are available (suspect epiglottitis).
* In hypertensive and cardiac patients do not write Telfast-D / Fexet-D - Instead write simple Telfast 120mg or Fexet 120mg because Pseudoephedrine may be harmful.

FORMULAS:

Brand Name	Generic Name
Ponstan Forte	Mefenamic Acid
Brufen	Ibuprofen
NISE	Nimesulide
Telfast-D / Fexet-D	Fexotenadine + Pseudoephidrine

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ALLERGIC RHINITIS

(Runny nose, clear nasal discharge, sneezing, relation to season, dust, perfumes etc.)

1	Tab. Gixer / Zyrtec / Rigix 10mg **OR** Xylor 10mg **OR** Tab. Kestine 10mg **PLUS**	ایک گولی رات کو 1 Tablet at night
2	Tab. Montelukast 10mg / Myteka / Aerokast **PLUS**	ایک گولی رات کو 1 Tablet at night
3	Steroid nasal spray *(Rhinoclenil, Flixonase)* **OR** Steroid drops *(Betnesol drops)*	دونوں طرف کے نتھنوں میں صبح شام 2 سپرے کریں۔ Two sprays in each nostril twice a day Three drops in each nostril twice day

TEACHING POINTS:

* Educate about avoidance of triggers like dust, animals, pets, flowers, smoke etc.
* Advise to cover mouth and nose during pollen season.
* Advise use of nasal drops instead of spray if there is nasal polyp or hypertrophy of terbinates.
* For non-affording patients, advise nasal drops which are much cheaper.
* Normal saline douching before usage of topical drops.
* Do not prescribe Xynosine in allergic rhinitis because patient will get used to it (can cause rhinitis medicamentosa).
* Avoid anti allergy with anti-cholinergic side effect e.g. Avil, piriton etc. because they thicken secretions and cause sinusitis

FORMULAS:

Brand Name	Generic Name
Gixer / Zyrtec / Rigix	Citrizine
Soften / Lorin NSA / Xylor	Loraditine
Kestine	Ebastine
Myteka / Aerokast / Monteget	Montelukast
Rhinoclenil / Flixonase	Steroid nasal spray
Betnesol drops	Beclomethasone drops

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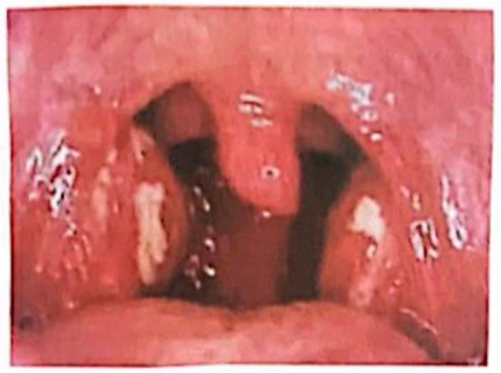
BACTERIAL TONSILLITIS / PHARYNGITIS

(High grade fever, sore throat, painful swallowing, beefy red tonsils with/ without exudates, tender lymph nodes below the ear (Jugulodigastric LN). Most importantly absence of nasal symptoms and absence of cough)



1	Tab. Panadol / Calpol / Febrol 500mg **PLUS**	دو گولی صبح۔دوپہر۔شام حسب ضرورت 2 Tablets thrice a day as needed
2	Cap. Amoxil 500mg **PLUS**	ایک کیپسول صبح۔دوپہر۔شام ایک ہفتے کا کورس ضرور مکمل کریں 1 Capsule thrice a day Must complete 1 week course of Amoxil
3	Tab. Disprin 300mg *(Gargles)*	ایک گولی پانی میں گھول کر صبح۔دوپہر۔شام غرارے کریں Dissolve 1 tablet in cup of water and gargle thrice a day

TEACHING POINTS:

* Bacterial sore throat will have tender cervical lymph nodes near the angle of mandible, redness of tonsils or pus on tonsil, bad oral smell and painful swallowing.
* There will be no cough and nasal symptoms. If there are cough or nasal symptoms, then do not give antibiotic.

* If penicillin allergy, then give
  Tab. Klaricid 500mg — ایک گولی صبح۔شام ایک ہفتہ
  OR
  Cap. Keflex 500mg — ایک کیپسول صبح۔دوپہر۔شام ایک ہفتہ
* In children give:
  Syp. Amoxilillin 250/5ml @ 80-90mg/kg/day (not>3g/day).
  OR
  Syp. Keflex 250/5ml @ 75-100 mg/kg/day (not more than 3g/day)
  OR
  Syp. Klaricid 250/5ml @ 15mg/kg/day, 2 divided doses. (not more than 1g/day)

FORMULAS:

Brand Name	Generic Name
Panadol / Calpol / Febrol	Paracetamol
Amoxil	Amoxicillin
Disprin	Soluble Aspirin
Klaricid	Clarithromycin
Keflex	Cephalexin

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COMMON COLD

(موسمی نزلہ زکام)

(Runny nose-blocked nose, sore throat, cough, mild fever, bodyaches)

1	Tab. Panadol / Calpol / Febrol 500mg **PLUS**	دو گولیاں صبح۔دوپہر۔شام صرف دو دن پھر اگر ضرورت ہو تو کھائیں 2 Tablets thrice a day then as needed
2	Joshanda	ایک پیکٹ پانی میں گھول کر صبح۔دوپہر۔شام 1 Sachet thrice a day

ہدایات:

☆ بہت زیادہ ٹھنڈی اور ترش چیزوں سے پرہیز کریں۔

☆ نیم گرم پانی میں تھوڑا سا نمک ڈال کر غرارے کریں۔

☆ پانی زیادہ پیئیں۔

☆ طبیعت بگڑ جائے یا گردن میں درد ہو تو دوبارہ ڈاکٹر سے مشورہ کریں۔

☆ سگریٹ نوشی ترک کر دیں۔

☆ نزلہ زکام 7 سے 10 دن میں خود ہی ٹھیک ہوگا۔

TEACHING POINTS:

* 90% sore throat is viral, not bacterial, so do not give antibiotics.
* Viral sore throat will "not" have enlarged cervical lymph nodes, tonsillar exudates or high fever.
* Viral has nasal symptoms. Bacterial has no nasal symptoms.
* Viral has 'cough', bacterial has no cough.
* Mild cough may persist for 3 weeks.

FORMULAS:

Brand Name	Generic Name
Panadol / Calpol / Febrol	Paracetamol
Joshanda	Herbal Mixture

COMMON COLD WITH SECONDARY BACTERIAL INFECTION

(موسمی نزلہ زکام اگر بگڑ جائے)

1	Tab. Panadol / Calpol / Febrol 500mg **PLUS**	دو گولی صبح۔دوپہر۔شام جسم درد یا بخار کیلئے اگر ضرورت ہو 2 Tablets twice a day for body pain or fever (if necessary)
2	Cap. Amoxil 500mg **PLUS**	ایک کیپسول صبح۔دوپہر۔شام سات دن ایک ہفتے کا کورس ضرور مکمل کریں 1 Capsule thrice a day must complete the course of 1 week
3	Joshanda	ایک پیکٹ ایک کپ چائے میں گھول کر صبح دوپہر شام پیئیں 1 Sachet thrice a day

ہدایات:

☆ بہت زیادہ ٹھنڈی اور ترش چیزوں سے پرہیز کریں۔

☆ نیم گرم پانی میں تھوڑِا سا نمک ڈال کر غرارے کریں۔

☆ طبیعت بگڑ جائے یا گردن میں درد ہو تو دوبارہ ڈاکٹر سے مشورہ کریں۔

☆ سگریٹ نوشی ترک کر دیں۔

☆ پانی زیادہ پیئیں۔

TEACHING POINTS:

* 90% of sore throat is viral not bacterial.

Viral sore throat will not have enlarged cervical lymph nodes, tonsillar exudates or high fever.

Secondary bacterial infection will have high fever, purulent discharge, severe illness etc.

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* If penicillin allergy then use
  Tab. Klaricid 500mg twice day for 1 week

  OR

  Cap. Keflex 500mg three times for 1 week.
* In children give:
  Syp. Amoxilillin 250/5ml @ 80-90mg/kg/day (not>3g/day).

  OR

  Syp. Keflex 250/5ml @ 75-100 mg/kg/day (not more than 3g/day)

  OR

  Syp. Klaricid 250/5ml @ 15mg/kg/day, 2 divided doses.
  (not more than 1g/day)

FORMULAS:

Brand Name	Generic Name
Panadol / Calpol / Febrol	Paracetamol
Amoxil	Amoxicillin
Joshanda	Herbal Mixture
Klaricid	Clarithromycin
Keflex	Cephalexin

EYE

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/ 0332 425 09 68

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VIRAL CONJUNCTIVITIS

(Mostly Rhinovirus or Adenovirus; pre-auricular lymph nodes may be enlarged, contact history may be positive)

1	**Optachlor / Chloroptic / Genticyn eye drops **OR** Tobrex / Tobra eye drops **PLUS**	ایک قطرہ ہر ایک سے دو گھنٹے بعد (پانچ دن) 1 Drop after every 1 to 2 Hours for 5 Days
2	Curine / Vasocon / Naphcon eye drops	ایک قطرہ صبح۔ دوپہر۔ شام (پانچ دن) 1 Drop thrice a day (for 5 days)
3	Polyfax eye ointment at night	رات کو آنکھ پر لگائیں۔ Apply in eye at night

ہدایات:

☆ فریج کے پانی سے آنکھیں دھوئیں۔
☆ بار بار ہاتھ صابن سے دھوئیں۔
☆ دوسروں سے ہاتھ مت ملائیں۔

TEACHING POINTS:

* Give antibiotics to prevent secondary bacterial infection.
* **Chloramphenicol and Gentamycin are not prescribed in specialist practice, instead Tobramycin is recommended by eye specialists.
* However simple cheap antibiotic drops like optachlor / chloroptic / genticyn may be used in primary care.
* Never give steroid drugs.

* Educate patients about correct method of putting eye drops
* Supportive measures include artificial tears and cool compresses.
* A cool, damp towel can be placed over the eye area for symptomatic relief.
* Oral analgesics may also provide relief.

FORMULAS:

Brand Name	Generic Name
Optachlor / Chloroptic	Chloramphenical
Genticyn eye drops	Gentamycin
Polyfax eye ointment	Polymicin + Bactricin
Curine	Naphazoline 0.025%
Naphcon A/ Nafamine	Naphazoline + pheniramine
Tobrex / Tobra	Tobramycin

ALLERGIC CONJUNCTIVITIS

(Hallmark is itching and relation to allergens, common in pollen season and exposure to dust)

1	Curine / Vasocon / Naphcon eye drops **PLUS**	ایک قطرہ صبح، دوپہر، شام صرف پانچ دن 1 Drop thrice a day (only for 5 days)
2	Tab. Rigix 10mg / Gixer 10mg / Zyrtec 10mg / Xyzal 5mg	ایک گولی روزانہ پانچ دن 1 Tablet daily (for 5 days)
3	Tears plus/ Tears Naturale II *Use in eye for dryness, itching and irritation*	آنکھ میں خارش، خشکی، جلن کی صورت میں قطرے استعمال کریں۔

ہدایات:

☆ آنکھیں فریج کے ٹھنڈے پانی سے دھوئیں۔

☆ دھوپ کا چشمہ یا Zero نمبر کا چشمہ استعمال کریں۔

☆ جس چیز سے تکلیف پیدا ہوتی ہے اس سے دُور رہیں۔

EACHING POINTS:

* No steroid drops by family physician e.g., Betnesol, Gentacin HC etc. We are not allowed to prescribe steroid drops in eyes.
* Treat like any other allergy.
* No antibiotics.
* If chronic allergic conjunctivitis leading to formation of papillae in eyelids with coble stone appearance give

Histazolin (Chromoglycate) eye drops **OR**
Cromil (Chromoglycate) eye drops **OR**
Histalyn (Chromoglycate) eye drops

ایک قطرہ صبح شام
تین مہینے کا کورس

ORMULAS:

Brand Name	Generic Name
Curine / Vasocon / Naphcon	Nephazolin
Rigix	Citrizine
Xyzal	Levocitrizine

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BACTERIAL CONJUNCTIVITIS

(Hallmark is sticky eyes, more redness and pus under the lids)

1	**Optachlor / Chloroptic / Genticyn eye drops **OR** Tobrex / Tobra eye drops **PLUS**	ایک قطرہ ہرایک سے دو گھنٹے بعد (پانچ دن) 1 Drop every after 1-2 hours (for 5 days)
2	Polyfax eye ointment at night	رات کے وقت آنکھوں میں لگا کر سوئیں (پانچ دن) Apply in eyes at night (for 5 days)

ہدایات:

☆ آنکھیں فریج کے ٹھنڈے پانی سے دھوئیں۔

☆ دھوپ کا چشمہ یا Zero نمبر کا چشمہ استعمال کریں۔

☆ جس چیز سے تکلیف پیدا ہوتی ہے اس سے دُور رہیں۔

TEACHING POINTS:

* Advise hand hygiene by washing hands with soap and water.
* **Chloramphenicol and Gentamycin are not prescribed in specialist practice, instead Tobramycin is recommended by eye specialists.
* However simple cheap antibiotic drops like optachlor / chloroptic genticyn may be used in primary care.
* Avoid sharing towel and soap.

If not improving with simple drops, only then use Tobramycin eye drops.

Be careful about eye drops with word "dex" in the name which stands for Dexamethasone.

Never give steroid eye drops

FORMULAS:

Brand Name	Generic Name
Optachlor / Chloroptic	Chloramphenical
Genticyn eye drops	Gentamycin
Polyfax eye ointment	Polymicin + Bactricin
Tobrex / Tobra	Tobramycin

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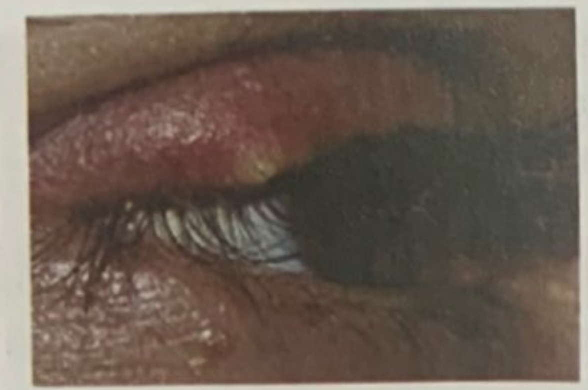
STYE



1	**Chloroptic / Optachlor eye ointment **OR** Tobrex / Tobra eye drops **PLUS**	مرہم رات کو سوتے وقت آنکھوں میں لگائیں Apply ointment in eyes at night
2	Chloroptic / Optachlor / Genticyn eye drops	ایک قطرہ صبح۔دوپہر۔رات One drop thrice a day

ہدایات:

☆ گرم سکائی / ٹکور کریں۔

TEACHING POINTS:

* Always ask about "vision" and "diplopia".
* **Chloramphenicol and Gentamycin are not prescribed in specialist practice, instead Tobramycin is recommended by eye specialists.
* However simple cheap antibiotic drops like optachlor / chloroptic / genticyn may be used in primary care.
* If vision is reduced or diplopia occurs refer due to possibility of orbital celulitis.
* If there is cellulitis of surrounding skin then treat with either Augmentin or Ampiclox in proper doses.

FORMULAS:

Brand Name	Generic Name
Chloroptic / Optachlor	Chloramphenicol
Genticyn	Gentamycin
Tobrex / Tobra	Tobramycin

INFECTED STYE OR CHALAZION WITH CELLULITIS

(Treat as normal skin infection anywhere in the body)

1	Cap. Ampiclox 500mg **OR** Tab. Augmentin 625mg **PLUS**	دو کیپسول صبح، دوپہر، شام 2 Capsules thrice a day ایک گولی صبح، دوپہر، شام پانچ دن 1Tablet thrice a day (for 5 days)
2	**Chloroptic / Optachlor / Genticyn eye drops **OR** Tobrex / Tobra eye drops	ایک قطرہ صبح۔دوپہر۔رات 1 Drop thrice a day

ہدایات:

☆ گرم سکائی / ٹکور کریں۔

TEACHING POINTS:

* Always ask about vision and diplopia.
* **Chloramphenicol and Gentamycin are not prescribed in specialist practice, instead Tobramycin is recommended by eye specialists.
* However simple cheap antibiotic drops like optachlor / chloroptic / genticyn may be used in primary care.
* If vision is reduced or diplopia occurs refer due to possibility of orbital cellulitis.

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FORMULAS:

Brand Name	Generic Name
Ampiclox	Ampicillin + Cloxacillin
Augmentin	Co-Amoxiclave
Chloroptic / Optachlor	Chloramphenicol
Genticyn eye drops	Gentamycin
Tobrex / Tobra	Tobramycin

OBSTETRICS AND GYNECOLOGY

For any suggestions or feedback about the book, kindly contact at:

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OBSTETRICS AND GYNECOLOGY

MENORRHAGIA CONTROL

(Heavy menstrual flow in normal cycle)

1	Tab. Ponstan Forte **PLUS** Cap. Transamine 500mg *(During menses)* **PLUS**	ایک گولی صبح۔ دوپہر۔شام کھانے کے بعد 1 Tablet thrice a day after meals ایک کیپسول صبح۔ دوپہر۔شام (ماہواری کے دوران) 1 Capsule thrice a day during menstruation
2	Tab. Iberet Folic **PLUS** Tab. Neurobion **PLUS**	ایک گولی روزانہ 1 Tablet daily
3	Tab. Famila 28mg *(only in severe cases)*	ایک گولی روزانہ 1 Tablet daily

INVESTIGATIONS ADVISED:

TSH, CBC
Ultrasound Pelvis

TEACHING POINTS:

* Regulate mental cycle with Famila-28 if severe menorrhagia.
* Treat anemia with iron, folic acid and B-12.
* Dietary advice regarding anemia.
* Counsel well about use of oral contraceptive and its benefits.
* If danger signs are present or age is more than 35 years , get ultrasound pelvis done and do not give Famila, advise Primolut-N 5mg.
* Tab Primolut-N 5mg
  - o One tab daily for 1 month
  - o One week gap
  - o Then one tablet daily for 1 month
  - o Then one week gap

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* For those aged > 45 years, refer to gynecologist before giving hormones.
* If danger signs are present like fever, weight loss, new onset dysmenorrhea or complex cyst, refer to Gynecologist.
* Rule out thyroid disorder by assessing TSH.
* Do not give Famila if the patient has migraine with aura/ active liver disease/ Thrombophelia /IHD.
* Refer to Gynecologist for insertion of Mirena (Lenovogestrel-IUD) if the woman does not want to conceive.
* Avoid Famila if menses are already regular.

FORMULAS:

Brand Name	Generic Name
Ponstan Forte	Mefenamic Acid
Transamine	Tranexamic Acid
Iberet Folic	Ferrous Sulphate + Folic Acid
Neurobion	Vitamin B1, B6, B12
Famila-28	Levonorgestrel and ethinyl estradiol

VAGINAL DISCHARGE (WITHOUT PID)

(Related to sexual activity)

1	Cap. Cefim / Cefspan / Cebosh 400mg 1 Capsule Stat **PLUS**	ایک کیپسول۔صرف ایک مرتبہ 1 Capsule (only 1 time)
2	Tab. Azomax / Zetro 500mg 2 Capsules Stat **PLUS**	دو گولیاں صرف ایک مرتبہ 2 Tablets (only 1 time)
3	Tab. Flagyl 400mg 5 Tablets Stat	پانچ گولیاں۔صرف ایک مرتبہ 5 Tablets (only 1 time)

TEACHING POINTS:

* Advise condoms.
* Advise safe sexual practices.
* Educate about other STIs like HIV, Hepatitis B, Hepatitis C, Syphilis.
* Counsel about screening for STI.
* Advise Hepatitis B sAg, HIV 1 and 2 screening, VDRL
* Treat husband / partners with same prescription.

FORMULAS:

Brand Name	Generic Name
Cefim / Cefspan / Cebosh	Cefexime
Azomax / Zetro	Azithrmycin
Flagyl	Metronidazole

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VAGINAL DISCHARGE WITH ITCHING (BACTERIAL VAGINOSIS)

(Related to sexual activity. Off-white or grey color vaginal discharge with fishy smell not related to sexual activity)

1	Tab. Flagyl 400mg 5 tablets stat **OR** Tab Flagyl 400 mg twice a day for 5 days **PLUS**	پانچ گولیاں ۔صرف ایک مرتبہ 5 Tablets (only 1 time) ایک گولی صبح شام (پانچ دن) 1 Tablet twice a day (for 5 days)
2	Canestin / Gynosporin / Gynodaktarin Vaginal Cream / Tables for 6 nights **OR** Canesten 500mg 1 Tablet Stat	چھ راتوں کو اندرونی استعمال کیلئے Internal use for 6 nights صرف ایک رات اندرونی استعمال کیلئے Internal use for 1 night

TEACHING POINTS:

- It is an imbalance between vaginal flora.
- Take a good sexual history to rule out sexual activity related infections.
- No need to treat husband / partners with same prescription.

FORMULAS:

Brand Name	Generic Name
Canesten / Gynosporin vaginal cream	Clotrimazole
Gynodaktarin vaginal cream	Miconazole
Flagyl	Metronidazole

PELVIC INFLAMMATORY DISEASE

(Related to sexual activity. Vaginal discharge, lower abdominal pain, dyspareunia, fever, cervical motion tenderness)

1	Tab. Ofloxin / Oflobid / Curitol 400mg **PLUS**	ایک گولی صبح ۔شام (چودہ دن) 1 Tablet twice a day (for 14 days)
2	Tab. Flagyl 400mg **PLUS**	ایک گولی صبح ۔دوپہر ۔شام (چودہ دن) 1 Tablet thrice a day (for 14 days)
3	Cap. Vibramycin 100mg **PLUS**	ایک کیپسول صبح ۔شام (چودہ دن) 1 Capsule twice a day (for 14 days)
4	Canesten Vaginal tablet 500mg **OR** Cap. Diflucan / Flucon 150mg (Oral)	اندر رکھیں ایک گولی صرف ایک مرتبہ چودہ دن کا کورس ختم ہونے کے بعد اندرونی استعمال کیلئے 1 Tablet only 1 time for internal use after finishing 14 days course of antibiotic ایک کیپسول صرف ایک مرتبہ کھائیں 1 Capsule only 1 time orally

EACHING POINTS:

- Treat husband / partner with Cefim 400 mg **PLUS** Azithro 1g **PLUS** Metro 2g in stat doses
- After 2 weeks of antibiotics, patient may develop candidal vaginitis hence treat patient for candidia after completion of antibiotics.
- Give Canestin or Fluconazole at the end of antibiotic course.

ORMULAS:

Brand Name	Generic Name
Ofloxin / Oflobid / Curitol	Ofloxacin
Flagyl	Metronidazole
Vibramycin	Doxycycline
anesten Vaginal tablet	Clotrimazole
Diflucan / Flucon	Fluconazole

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GASTROINTESTINAL MEDICINE

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ACUTE VIRAL HEPATITIS IN CHILDREN

(Hepatitis A and E)

1	Syp. Maxolon 5mg/5ml **PLUS**	ایک چمچ صبح۔دوپہر۔رات (کھانے سے پہلے) 1 Teaspoon thrice a day (before meal)
2	Syp. Panadol 250 mg/5ml (10 mg/kg/dose) **PLUS**	ایک چمچ صبح۔دوپہر۔رات (کھانے کے بعد) 1 Teaspoon thrice a day (after meal)
3	Energile / Glaxose-D	حسب ضرورت As needed

چند احتیاطیں:

☆ آرام کریں۔

☆ کوئی پرہیز نہیں ہے جس چیز سے الٹی آتی ہو وہ نہ کھائیں۔

☆ اگر غنودگی ہو تو ہسپتال چلے جائیں۔

☆ اگر بہت زیادہ الٹیاں ہوں تو ہسپتال میں داخل ہو کر ڈرپ لگوائیں۔

TEACHING POINTS:

* Specific diagnosis is made by the detection of HAV-1gM antibodies in the blood. If negative then advise Hepatitis E IgM
* Advice LFT if you suspect acute viral hepatitis that shows ALT more than 10 times the normal level to diagnose acute viral hepatitis.
* Encourage your child to drink plenty of fluids to avoid dehydration. Offer water, juices, frozen water or ice pops.
* Offer a well-balanced diet and encourage your child to eat as tolerated. Avoid fatty and fried foods, as they may worsen nausea and vomiting. But if the child can tolerate fatty foods, allow it to eat.
* Encourage your child to get plenty of rest.

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- Teach your child good hygiene habits to avoid spreading the virus to others, such as frequent hand washing, using separate towel and soap.
- Educate about early symptoms of fulminating hepatic failure i.e., drowsiness, seizures, intractable vomiting etc.
- Do not prescribe Siliver or Hepamerz.
- Do not prescribe multivitamins.

MEDICATION USED IN ACUTE VIRAL HEPATITIS IN HOSPITALIZED PATIENT:

FORMULAS:

Brand Name	Generic Name
Maxolon	Metoclopramide
Energile / Glaxose-D	Glucose
Panadol	Paracetamol

AMOEBIC DYSENTERY

(Bloody diarrhea "without" fever)

1	Tab. Flagyl 400mg	ایک گولی صبح۔دوپہر۔شام ایک ہفتہ 1 Tablet thrice a day (for 1 week)

چنداحتیاطیں:

☆ دہی اوراسپغول کاچھلکاروزانہ کھائیں۔
☆ بازار کی چیزوں سے احتیاط کریں۔
☆ کھانے سے پہلے ہاتھ دھوئیں۔
☆ گوشت،انڈے وغیرہ اچھی طرح پکائیں۔
☆ سبزی،سلاد،فروٹ اچھی طرح دھوئیں۔

TEACHING POINTS:

- If dysentery is chronic and recurrent, there are chances of cysts of Entamoeba histolytica. Prescribe Tab. Entamizole DS three times for 10 days in chronic amoebiasis.
- Wash your hands thoroughly with soap and water after going to the toilet.
- Help young children to wash their hands properly.
- Do not prepare food for others until you've been free of symptoms for at least 48 hours.
- Ask about similar symptoms in other family members and treat accordingly.

FORMULAS:

Brand Name	Generic Name
Flagyl	Metronidazole
Entamizole DS	Metronidazole Plus Diloxanide Furoate

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DYSENTERY WITH FEVER (BACTERIAL)

(Bloody diarrhea)

1	Tab. Novidate / Cyrocin / Ciproxin 500mg **OR** Tab. Septran-DS 160/800g **OR** Tab. Cefspan / Cefim / Fixval 400mg	ایک گولی صبح۔شام ایک ہفتہ 1 Tablet twice a day (for 1 week) ایک کیپسول روزانہ ایک ہفتہ 1 Capsule daily (for 1 week)

ہدایات:

☆ دہی میں اسپغول کا چھلکا ملا کر کھائیں۔
☆ بازار کی چیزوں سے احتیاط کریں۔
☆ کھانے سے پہلے ہاتھ دھوئیں۔
☆ گوشت، انڈے وغیرہ اچھی طرح پکائیں
☆ سبزی، سلاد، فروٹ اچھی طرح دھوئیں۔

TEACHING POINTS:

* If patient is not improving with above antibiotics, then add Flagyl 400mg thrice a day.
* Do not write Ciprofloxacin and Flagyl together from the start.
* If the patient has rectal cramps advise either,
* Tab. Nospa Forte **OR**
* Tab. Spasfon / Spasrid **OR**
* Tab. Buscopan plus

FORMULAS:

Brand Name	Generic Name
Novidate / Ciproxin / Cyrocin	Ciprofloxacin
Septran DS	Trimethoprim + Sulphamethoxazole
Cefspan / Cefim / Fixval	Cefixime

DIARRHEA WITHOUT FEVER OR GI BLEEDING

(Acute watery diarrhea is mostly viral; there is no fever or blood in stools)

1	ORS **PLUS**	حسب ضرورت ہر دست یا الٹی کے بعد As needed after each stool and vomiting
2	Tab. Motilium 10mg/Maxolon 10mg/ Gravinate 25mg **PLUS**	ایک گولی صبح، دوپہر، شام کھانے سے پہلے 1 Tablet thrice a day (before meals)
3	Syp. Zincat-OD *(In children only)*	ایک چمچ روزانہ دو ہفتے 1 Tablespoon daily (for 2 weeks)

ہدایات:

☆ پانی زیادہ پیئیں۔
☆ دہی اور اسپغول کا روزانہ استعمال۔
☆ کھچڑی، دہی، کیلے کھائیں۔
☆ دودھ، عارضی طور پر روک دیں۔ دہی زیادہ کھائیں۔
☆ اگر غنودگی آئے، زیادہ کمزوری ہو، چھ گھنٹے میں پیشاب نہ آئے یا کھانا پینا بند ہوجائے یا زیادہ الٹیاں آئیں تو ہسپتال میں داخل ہوکر ڈرپ لگوائیں۔

TEACHING POINTS:

* Antibiotics are not needed for most people with diarrhea.
* Refer all patient to severe dehydration to hospital.
* Give Ceftriaxone at 100mg/kg/day in children and 1000mg Twice daily in adults if fever or blood in stools.
* Start Ringer lactate 1000cc bolus and then 100ml / hour Give Injection Gravinate for vomiting.
* Give IV for 2 days then shift to oral Cefexime, ORS, Gravinate for next 5 days
* Zincate only indicated in child.
* There is no such role of probotics. Advise yogurt.
* Avoid dairy products, fatty foods, and high-fiber foods, as they can make diarrhea worse.

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FORMULAS:

Brand Name	Generic Name
Motilium	Domperidone
Maxolon	Metoclopramide
Gravinate	Dimenhydrinate
Zincat-OD	Zinc

HICCUPS

(Intractable Hiccups)

1	Tab. Largectil 100mg **OR**	آدھی گولی صبح آدھی گولی رات Half tablet twice a day
	Tab. Stemetil 5mg **OR** Tab. Maxalon 10mg	ایک گولی صبح۔دوپہر۔رات 1 Tablet thrice a day
	OR Cap. Gabica 50mg	ایک کیپسول صبح۔ایک رات 1 Capsule twice a day

ہدایات:

☆ آئس کریم یاٹھنڈاپانی پئیں۔

TEACHING POINTS:

* Breathing techniques: Taking slow, deep breaths and then holding your breath for a few seconds may help to stop hiccups.
* Drinking water: Drinking a glass of water quickly may help to stop hiccups by changing the pressure in the chest.
* Eating or drinking something sweet, sour or spicy: These foods and drinks can stimulate the vagus nerve and help to stop hiccups.
* If hiccups persist for an extended period of time, it is important to rule out any underlying medical condition.
* All other options like Stemetil and Pregabalin have little effect. Drug of choice e.g., largectil is not available widely.

FORMULAS:

Brand Name	Generic Name
Largectil	Chlorpromazine
Stemetil	Prochlorperazine
Gabica	Pregabalin
Maxalon	Metoclopramide

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GASTRO ESOPHAGEAL REFLUX DISEASE (GERD)

(Without danger signs like fever, weight loss, dysphagia to solids, hematemesis, no family history of stomach cancer)

1	Cap. Rizek / Nexum / Esso 20mg **OR** Tab. Dexxo / Dextop 30mg **PLUS**	ایک کیپسول رات کھانے سے پہلے 1 Capsule before dinner
2	Syp. Gaviscon	دو چمچے کھانے کے بعد (صبح۔شام) 2 Tablespoon after meal twice a day

ہدایات:

☆ رات کا کھانا جلدی کھائیں۔
☆ رات کا کھانا کم کھائیں۔
☆ کھانے سے پہلے پانی پیئیں اور کھانے کے بعد پانی، چائے، دودھ، جوس وغیرہ مت پیئیں۔
☆ کھانے کے تین سے چار گھنٹے بعد سوئیں۔
☆ سرہانے کی طرف جو پائے ہیں اس کے نیچے دو اینٹیں رکھیں۔
☆ تنگ کپڑوں میں مت سوئیں۔
☆ وزن کم کریں۔
☆ واک کریں۔

پرہیز:

چینی، چاول، آلو، بیکری کی چیزیں، تلی ہوئی چیزیں، مرچ مصالحوں کی چیزیں وغیرہ۔ سگریٹ نوشی بند کردیں۔

TEACHING POINTS:

* Avoid foods that trigger your symptoms such as spicy, fatty or acidic foods. Also, quit smoking and reduce alcohol intake.
* Eat smaller, more frequent meals and avoid lying down or going to bed right after eating.
* Maintain a healthy weight as being overweight can put extra pressure on your abdomen, causing acid reflux.

* Raising the head of your bed six to eight inches can help gravity keep gastric acid down in your stomach.
* Clothing that is tight around the waist can put pressure on the stomach and cause acid reflux.
* Stress and anxiety can worsen symptoms of GERD, so consider relaxation techniques such as deep breathing, meditation or yoga.

FORMULAS:

Brand Name	Generic Name
Risek	Omeprazole
Nexum / Esso	Esomeprazole
Dexxo / Desktop	Dexlansoprazole

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HEMORRHOIDS

1	Syp. Lactulose **OR** Tab. Laxoberon	دو چمچ صبح۔شام 2 Tablespoons twice a day تین گولیاں شام 3 Tablets at night

ہدایات:

☆ کھانے میں سلاد، سبزیاں، فروٹ زیادہ استعمال کریں۔
☆ پانی روزانہ تین سے چار لیٹر پیئیں۔
☆ قبض سے بچیں۔
☆ ناشتے میں تھوڑا سا مکھن کھائیں۔
☆ باتھ روم میں کبھی زور مت لگائیں۔
☆ پاخانے کی قدرتی حاجت کے وقت باتھ روم ضرور جائیں۔
☆ زبردستی زور لگا کر پاخانہ کرنے کی کبھی کوشش نہ کریں۔
☆ اسپغول کا چھلکا روزانہ استعمال کریں۔

TEACHING POINTS:

* Regular exercise can help improve circulation and prevent constipation, which can reduce the symptoms of hemorrhoids.
* Advise psyllium (Isphagul) on regular basis.
* If hemorrhoids are large and prolapsing, refer for band ligation.

FORMULAS:

Brand Name	Generic Name
Laxoberon	Picosulfate

IRRITABLE BOWEL SYNDROME

(Diarrhea Predominant)

1	Tab. Tryptonal / Tofranil / Prothiaden 25mg **PLUS**	ایک گولی رات 8 بجے 1Tablet at night 8 o'clock
2	Tab. Imodium **PLUS**	ایک کیپسول حسب ضرورت دست کیلئے 1 Capsule for loose stools as needed
3	Tab. Colofac / Colospas 135mg **OR**	حسب ضرورت پیٹ کے درد کیلئے 1 Tablet as needed for pain
4	Tab Librax once daily	ایک گولی روزانہ Daily 1 tablet daily

ہدایات:

☆ دہی میں اسپغول کا چھلکا ڈال کر کھائیں۔
☆ جس کھانے سے دست ہوتے ہوں یا پیٹ میں گیس ہوتی ہو اس سے پرہیز کریں۔
☆ روزانہ واک کریں۔
☆ ماہر نفسیات سے اپنی CBT کرائیں۔
☆ اگر پاخانے میں خون آئے، بخار ہو یا وزن کم ہو جائے تو ڈاکٹر سے دوبارہ مشورہ کریں۔

TEACHING POINTS:

* Keep a food diary to identify triggers and eliminate them from your diet.
* Increasing fiber intake can help regulate bowel movements and improve symptoms of diarrhea.
* Probiotics can help improve gut health and relieve symptoms of IBS.
* Stress and anxiety can worsen symptoms of IBS, so consider incorporating stress-management techniques such as deep breathing, meditation or yoga into your routine.

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FORMULAS:

Brand Name	Generic Name
Tofranil	Imipramine
Prothiaden	Dosulepin
Tryptanol	Amitriptyline
Imodium	Loperamide
Colofac / Colospas	Mebeverine
Librax	Chlordiazepoxide + Clidinium

IRRITABLE BOWEL SYNDROME

(Constipation Predominant)

1	Tab. Citanew 10mg / Seradep 10mg / Estar 10mg **OR** Cap. Prozac 20mg / Zauxet 20mg / Depex 20mg **OR** Tab. Sert 50mg / Zoloft 50mg / Serlin 50mg **PLUS**	ایک گولی رات کو کھانے کے بعد 1 Tablet after dinner ایک کیپسول صبح ناشتے کے بعد 1 Capsule after breakfast ایک گولی رات کو کھانے کے بعد 1 Tablet after dinner
2	Tab. Laxoberon **PLUS**	2-4 گولیاں رات کو 2-4 Tablets at night
3	Tab. Ganaton / Itoperide / Peride 50mg	ایک گولی صبح۔شام کھانے سے پہلے 1 Tablet twice a day before meals

ہدایات:

☆ واک کریں۔
☆ پانی زیادہ پئیں۔
☆ دہی+اسپغول روزانہ کھائیں۔
☆ جس کھانے سے قبض ہوتی ہو اس سے پرہیز کریں

TEACHING POINTS:

* Diet modification: Keep a food diary to identify triggers and incorporate more fiber-rich foods, such as whole grains, fruits, and vegetables, into your diet. Drinking plenty of water can also help regulate bowel movements.
* Exercise: Regular exercise can help stimulate the muscles in the intestines and improve bowel movements.
* Laxatives: Over-the-counter laxatives, such as fiber supplements or stool softeners, can help relieve constipation.
* Probiotics: Probiotics can help improve gut health and relieve

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symptoms of IBS.

- Stress management: Stress and anxiety can worsen symptoms of IBS, so consider incorporating stress-management techniques such as deep breathing, meditation or yoga into your routine.

FORMULAS:

Brand Name	Generic Name
Seradep/Citanew/Estar	Escitalopram
Depex / Prozac / Zauxit	Fluoxetine
Zoloft / Sert / Serlin	Sertralin
Laxobron	Picosulfate
Ganaton / Itoperide / Peride	Itoperide

HEMATOLOGY

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ANEMIA (IRON DEFICIENCY)

1	Tab. Iberet Folic / Sangobion / Fefol-Vit **PLUS**	ایک گولی دوپہر کو کھانے کے دوران چھ ماہ کا کورس 1 Tablet during lunch 6 months course
2	Tab. Methycobal / Mecobal / Neuromet 500mcg **PLUS**	ایک گولی دوپہر کو چھ ماہ 1 Table after lunch 6 months course
3	Syp. Zentel	ایک پوری بوتل آج دوسری پوری بوتل ایک ہفتے بعد 1 Full bottle today 2nd bottle after 1 week

ہدایات:

گوشت، کلیجی، پالک، ساگ، کھجور زیادہ کھائیں۔

TEACHING POINTS:

* Vitamin B-12 is required for two purposes, i.e. as ingredient for hemopoiesis and secondly as a co-enzyme in hemopoiesis.
* No need of IV iron if the patient can take oral iron.
* If the patient has gastric or intestinal problem, give IV vitamin B-12 to improve absorption.
* Best Iron which is close to body iron is Ferrous sulphate, so always start with Ferrous sulphate.
* Give Iron, Folic Acid, B-12 for at *least 6-12 months* to replenish body iron stores.
* If the patient cannot tolerate Ferrous sulphate then consider Iron polymaltose (Maltofer, Polyfer, Ferrosoft)
* Advise iron rich diet such as meat, liver, green leafy vegetable, dates.
* Fruits like apple have very little iron, dates have more iron.
* Reduce intake of tea because it reduces absorption of iron.
* Vitamin C in the form of citrus fruits, lemon, tablets increases absorption of iron.

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FORMULAS:

Brand Name	Generic Name
Iberet Folic / Sangobion / Fefol-Vit	Iron Plus Folic Acid
Methycobal / Mecobal / Neuromet	Vitamin B-12
Zentel	Albendazole

IRON DEFICIENCY (ANEMIA) IN CHILDREN

1	Syp. Iberet / Sangobion / Polyfer / Maltofer / Ferrosoft *(Dose 6mg/kg/day for six months)* **PLUS**	چھ ماہ کا کورس 6 Months course
2	Syp. Lederplex / Vidaylin-M **PLUS**	ایک چمچ روزانہ ایک ماہ 1 Tablespoon daily for 1 month
3	Syp. Zentel Stat	ایک بوتل ابھی پلائیں دوسری بوتل ایک ہفتے بعد پلائیں 1 Full bottle today 2nd bottle after 1 week

TEACHING POINTS:

* Give iron for six months to replenish body iron stores.
* If patient does not improve, check for thalassemia minor by Hb electrophoresis.
* Deworm all children every 6-12 months.
* Advise meat liver, green leafy vegetables, dates.
* Do not scold children if they eat soil, paint, pecils etc.
* Do not put chillies in soil.
* Generally iron deficiency is so common that confirmation by ferritin is not required in general practice.

FORMULAS:

Brand Name	Generic Name
Iberet / Sangobion / Polyfer / Maltofer Ferrosoft	Iron plus Vitamin
Lederplex / Vidaylin-M / Incremin	Multivitamins
Zentel	Albendazole

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INFECTIOUS DISEAES

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MALARIA

(Treat falciparum and vivax differently)

1	*If Falciparun or severe Vivax;* Tab. Artem DS plus / Maladar / Mal Era / Arceva 80/480mg **OR**	ایک گولی صبح۔شام صرف تین دن 1 Tablet twice a day only 3 days
2	*If mild Vivax* Tab. Resochin / Nivaquine / Basoquin 250mg **PLUS**	پہلے دن چار گولیاں دوسرے دن چار گولیاں تیسرے دن دو گولیاں 4 Tablets on day 1 4 Tablets on day 2 2 Tablets on day 3
3	Tab. Panadol 500mg **PLUS**	دو گولیاں حسب ضرورت 2 Tablets as needed
4	*If Vivax also give* Tab. Primaquin 15mg OD	ایک گولی روزانہ پندرہ دن کیلئے (تین دن بعد شروع کریں) 1 Tablet daily (for 15 days) start after 3 days

TEACHING POINTS:

* Advise to control mosquitoes and mosquito bites by spray, nets, full sleeve clothes, coils, mats, mosquito repellent etc.
* Refer all severe malaria cases after giving Injection Artemether 80 mg.
* Explain signs of severe malaria i.e., drowsiness seizure, hypotension, black urine, hypoglycemia.

FORMULAS:

Brand Name	Generic Name
Artem DS plus/ Maladar / Mael Era/ Arceva	Artemether plus Lumefantrine
Resochin / Nivaquine / Basoquin	Chloroquin

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TYPHOID / PARATYPHOID / SEVERE GUT INFECTION

1	Infusion Ringer's lactate 1000cc **PLUS** Inj. Oxidil / Rocephin 1G I/V **PLUS** Inj. Gravinate 10mg I/V **PLUS** Inj. Esso / Nexum / Risek 40mg I/V **PLUS**	ایک ٹیکہ صبح۔شام (تین دن) 1 Injection twice a day (for 3 days) ایک ٹیکہ روزانہ 1 Injection daily
2	Inj. Provas Infusion 1000mg	ایک ٹیکہ صبح۔شام 1 Injection twice a day
	(تین دن کے بعد مندرجہ ذیل گولیاں شروع کریں)	
3	Cap. Cefspan 400mg **PLUS**	ایک کیپسول صبح۔شام (ایک ہفتہ کا کورس) 1 Capsule twice a day (1 week course)
4	Cap. Esso / Nexum / Risek 20mg **PLUS**	ایک کیپسول صبح۔شام (ایک ہفتہ کا کورس) 1 Capsule twice a day (1 week course)
5	Tab. Panadol 500mg **PLUS**	دو گولیاں صبح۔دوپہر۔شام 2 Tablets thrice a day
6	Tab. Gravinate 25mg	ایک گولی صبح۔شام کھانے سے پہلے 1 Tablet twice a day (before meal)

ہدایات:

☆ نرم غذا کھائیں۔
☆ پانی زیادہ پیئیں۔
☆ آرام کریں۔
☆ پاخانے میں خون آئے یا کالا پاخانہ آئے تو ہسپتال میں داخل ہو جائیں۔
☆ بازار کی چیزیں ترک کر دیں۔
☆ گوشت اور انڈے اچھی طرح پکائیں۔
☆ سبزیاں، سلاد، فروٹ اچھی طرح دھوئیں۔

TEACHING POINTS:

* Typhoid starts as a gut infection and then spreads all over the body.
* Order blood culture as the diagnostic test.
* Widal and Typhi dot can give false positive results. Therefore these must be correlated clinically
* If the patient can't afford blood culture, empirically start antibiotics as per WHO guidelines.
* Other first line antibiotic options are Tab. Septran DS, 2 tabs B.D. OR Cap Ampicillin 500mg 2 Caps TDS., Chloramphenicol 500 mg 6 hourly (14 days course).
* Second line antibiotics are
  Tab. Ciprofloxcin 750mg twice daily for 10 days **OR**
  Tab. Ofloxacin 400mg twice daily for 10 days
* Third line antibiotics are
  Cap. Azithromycin 500-1000mg daily (4-7 days)
* Do not use Azithromycin as the first choice for Typhoid.
* If GI symptoms are mild, you can start oral antibiotics directly.

FORMULAS:

Brand Name	Generic Name
Oxidil / Rocephin	Ceftriaxone
Gravinate	Dimenhydrinate
Esso / Nexum	Esomeprazole
Risek	Omeprazole
Provas Infusion	Paracetamol
Cefspan	Cefixime

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URETHRAL DISCHARGE SYNDROME IN MEN (STI)

(Treat Gonococcus & Chlamydia together)

1	Inj. Oxidil / Rochepin / Zaftrox 250mg I/M Stat **OR** Cap. Cafspan 400mg Stat **PLUS**	ایک ٹیکہ پٹھے میں صرف ایک مرتبہ 1 Injection intramuscular (only 1 time) ایک کیپسول صرف ایک مرتبہ 1 Capsule only 1 time
2	Cap. Azomax / Zetro 500mg Stat	دو گولیاں صرف ایک مرتبہ 2 Capsules only 1 time

TEACHING POINTS:

* Advise condoms.
* Advise safe sexual practices.
* Educate about other STIs like HIV, hepatitis B, Syphilis
* Counsel about screening for STIs e.g., HIV, Hepatitis B, Syphilis.
* Advise to treat wife and other partners

ADVISE:

* Test after 3 months for
* Hepatitis B (HBsAg), HIV 1 and 2 Screening, Syphilis (VDRL).
* Partners may not like injections, so give oral treatment to partner

FOR PARTNERS:

1	Tab. Cefspan / Cefiget / Cebosh 400mg **PLUS**	ایک کیپسول صرف ایک مرتبہ 1 Capsule only 1 time
2	Tab. Azomax / Zetro 500mg	دو گولی صرف ایک مرتبہ 2 Tablet only 1 time

FORMULAS:

Brand Name	Generic Name
Oxidil / Rochepin / Zaftrox	Cefriaxone
Azomax / Zetro	Azithromycin
Cefspan / Cefiget / Cebosh	Cefixime

WORM INFESTATION

(Roundworms)

1	Syp. Zentel *(one bottle stat)* **OR** Tab. Zentel 200mg *(2 tablets stat)*	ایک پوری بوتل ابھی دوسری پوری بوتل ایک ہفتے بعد 1 Full bottle today 2nd Bottle after 1 week چھ ماہ بعد دوبارہ کورس کریں Repeat course after 6 months

ہدایات:

☆ مٹی میں مت بیٹھیں۔

☆ کھانے سے پہلے ہاتھ دھویا کریں۔

TEACHING POINTS:

* You can also use Mebendazole (Vermox) 500mg stat or 100mg twice daily for 3 days.
* In case of tapeworms like Tinea saginatta or Hymenolipis nana advise Niclosamide as follows: Tab. Mesan / Yomesan 500mg

چار گولیاں صبح خالی پیٹ دانتوں سے چبا کر دو سے تین گلاس پانی کے ساتھ کھائیں۔

FORMULAS:

Brand Name	Generic Name
Zentel	Albendazole
Mesan / Yomesan	Niclosamide

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MUSCULOSKELETAL SYSTEM

For any suggestions or feedback about the book, kindly contact at:

/ 0332 425 09 68

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ACUTE LOW BACK PAIN WITH SCIATICA

1	Cap. Esso / Risek / Nexum 20mg **PLUS**	ایک کیپسول صبح۔شام ایک ہفتہ 1 Capsule twice a day (for 1 week)
2	Tab. Feldene 20mg **OR** Any other NSAID in full dose **PLUS**	ایک گولی صبح۔شام ایک ہفتہ 1 Tablet twice a day (for 1 week)
3	Tab. Ternelin / Movax 2mg **PLUS**	ایک گولی صبح۔شام ایک ہفتہ 1 Tablet twice a day (for 1 week)
4	Cap. Gabica / Zeegab 50mg	ایک کیپسول صبح۔شام ایک ہفتہ 1 Capsule twice a day (for 1 week)

ہدایات:

☆ جھک کر کوئی چیز مت اٹھائیں۔

☆ کمر کو سہارا دے کر بیٹھا کریں۔

☆ سوتے وقت گھٹنوں کے نیچے تکیہ رکھیں۔

☆ سخت زمین / بیڈ پر تین سے چار انچ والا میٹرس استعمال کریں۔ بہت نرم یا بہت سخت جگہ پر مت سوئیں۔

☆ اگر پاؤں میں کمزوری آئے، پیشاب پاخانہ بے قابو ہوجائے یا رک جائے، رانوں کے درمیان جلد سن ہوجائے تو فوراً ہسپتال میں داخل ہوجائیں۔

TEACHING POINTS:

* Explain danger signs well.
* Advise X-ray lumbosacral spine (AP+Lateral) if fever, weight loss, trauma, nocturnal pain or no improvement in one month.
* Explain proper posture for sitting, sleeping, driving, lifting etc.
* Advise physiotherapy once sciatica settles otherwise patient will have more pain.
* Advise milk, yogurt and sun exposure.

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FORMULAS:

Brand Name	Generic Name
Esso / Nexum	Esomeprazole
Risek	Omeprazole
Feldene	Piroxicam
Ternalin / Movax	Tizanidine
Gabica / Zeegab	Pregabalin

CHRONIC LOW BACK PAIN

(With or without sciatica)

1	Cap. Esso / Nexum / Risek 20mg **PLUS**	ایک کیپسول صبح۔شام۔کھانے سے پہلے 1 Capsule twice a day before meals
2	Tab. Diclofenac 75mg / Naproxen 500mg **PLUS**	ایک گولی صبح۔شام۔کھانے کے بعد صرف ایک ہفتہ 1 Tablet twice a day after meals 1 week
3	Tab. Ternelin 2mg / Nuberol Forte **PLUS**	ایک گولی صبح۔شام۔کھانے کے بعد صرف ایک ہفتہ 1 Tablet twice a day after meals 1 week
4	Cap. Pregabalin 75mg **OR** Tab. Tryptanol 25mg	ایک گولی رات کھانے کے بعد صرف ایک ہفتہ 1 Tablet at night after meals 1 week

ہدایات:

☆ آرام کریں۔

☆ جھک کر وزنی چیزیں مت اٹھائیں۔

☆ لیٹتے وقت گھٹنوں کے نیچے تکیہ رکھیں۔

☆ تین سے چار انچ والے میٹرس پر سوئیں۔ بہت زیادہ نرم یا بہت زیادہ سخت میٹرس پر مت سوئیں۔

☆ بیٹھتے وقت کمر کو سہارا دے کر بیٹھیں۔

☆ کھانے میں دودھ روزانہ استعمال کریں۔

☆ ہفتے میں آدھا گھنٹہ دھوپ میں بیٹھیں۔

TEACHING POINTS:

Always ask about danger signs Explain danger signs well

Always ask about trauma, fever, weight loss and symptoms of prostate, breast or intestinal cancer.

Do not advise X-ray if there are no danger signs or trauma.

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* Do not advise MRI routinely for back pain.
* Ask whether the pain wakes the patient from sleep, is severe in the morning or is associated with fever or weight loss.
* Ask about morning stiffness of more than 30 minutes which points towards inflammatory back pain.
* Ask about profession, working conditions, sitting arrangements, lifting weights; try to modify risk factors.
* Advise calcium and vitamin D.

FORMULAS:

Brand Name	Generic Name
Esso	Esomeprazole
Nexum	Esomeprazole
Risek	Omperazole
Ternelin	Tizanidine
Nuberol Forte	Paracetamol Plus Orphenadrine
Tryptanol	Amitriptyline

CHRONIC FATIGUE SYNDROME (CFS)

1	Tab. Tryptanol 25mg	آدھی گولی رات کو دس دن (رات 8 سے 9 بجے کے درمیان) پھر ایک گولی 10 دن پھر 2 گولیاں روزانہ جاری رکھیں۔ ½ Tablet at night for 10 days (between 8 and 9 pm) then 1 tablet at night for 10 days then continue 2 tablet at night

ہدایات:

☆ واک شروع کریں۔

☆ روزانہ دو تین مرتبہ بستر میں آرام کریں۔

TEACHING POINTS:

* Look for tender cervical lymphadenopathy.
* Fatigue must be present for ≥4mo for adults and ≥3mo for children a diagnosis of CFS to be made.
* CFS has no diagnostic tests because it is a diagnosis of exclusion.
* Advise graded exercises with definite periods of rest.
* Rule out diabetes, thyroid disorder, chronic infections like TB, hepatitis by RBS, TSH, CRP, HepBsAg, HepCAb.

FORMULAS:

Brand Name	Generic Name
Tryptanol	Amitriptyline

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CARPAL TUNNEL SYNDROME

(Numbness and paresthesias in three and a half fingers on radial side, mostly at night, common in diabetes, hypothyroidism, pregnancy or wrist overuse)

1	Cap. Pregabalin 75mg **PLUS**	ایک کیپسول رات کو کھانے کے بعد 1 Capsule after dinner
2	Tab. Voltral-SR 100mg / Dyclo SR 100mg / Fenac SR 100mg **PLUS**	ایک گولی رات کھانے کے بعد دس دن تک 1 Tablet after dinner (10 days)
3	Dicloran Cream / Voltral Emugel / Brufen Cream / Feldene Cream	صبح۔شام کلائیوں پر لگائیں۔ Apply on wrist twice a day

ہدایات:

☆ کلائیوں کی ورزش کریں۔

☆ آرام کریں۔چند دنوں تک کپڑے دھونے، سلائی مشین چلانے وغیرہ سے پرہیز کریں۔

TEACHING POINTS:

* Only advise paracetamol and topical NSAIDS in pregnancy.
* Screen for diabetes, hypothyroidism and pregnancy.
* Do not advise nerve conduction studies, instead perform Tinnel and Phallen tests clinically.
* Advise aggressive wrist stretching exercises to stretch the flexor retinaculum.
* If not responding consider steroid injection in carpal tunnel.
* If loss of Thenar eminence, refer for surgery.

FORMULAS:

Brand Name	Generic Name
Voltral / Dyclo / Fenac	Diclofenac

FROZEN SHOULDER

(Inability to lift arm or move arm freely, mostly in middle age or in diabetes)

1	Cap. Esso 20mg / Nexum 20mg / Risek 20mg **PLUS**	ایک کیپسول صبح۔شام کھانے سے پہلے 1 Capsule twice a day before meals
2	Tab. Diclofenac 50mg / Naproxen 500mg / Brufen 400mg **PLUS**	ایک گولی صبح۔شام کھانے کے بعد دو ہفتے تک 1 Tablet twice a day after meals for 2 weeks
3	Tab. Nuberol Forte / Wilgesic / Diagesic **PLUS**	ایک گولی صبح۔شام کھانے کے بعد 1 Tablet twice a day after meals
4	Tab. Mecobal / Methycobal / Neuromet 500mcg	ایک گولی رات کو 1 Tablet after dinner

ہدایات:

☆ کندھے کے ورزش روزانہ کریں۔

☆ شوگر کو اچھی طرح کنٹرول کریں۔

TEACHING POINTS:

* Improve the control of blood sugar in diabetics.
* Advise exercises to prevent stiffness.
* Reassure the patient and educate about good prognosis.
* If frozen shoulder is severe or is not responding refer to orthopedic for intraarticular steroid injection.
* A GP if trained, can also give shoulder injection.

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FORMULAS:

Brand Name	Generic Name
Esso / Nexum	Esomeprazole
Risek	Omeprazole
Brufen	Ibuprofen
Nuberol Forte / Wilgesic / Diagesic	Paracetamol plus Orphenadrine
Mecobal / Methycobal / Neuromet	Methycobalamine

FIBROMYALGIA

(11 out of 18 tender points)

1	Tab. Tryptanol 25mg	آدھی گولی دس دن (رات 8 سے 9 بجے کے درمیان) پھر ایک گولی 10 دن پھر 2 گولی روزانہ جاری رکھیں ½ Tablet at night for 10 days (between 8 and 9 pm) then 1 tablet at night for 10 days then continue 2 tablet at night

ہدایات:

☆ واک کریں۔ آہستہ آہستہ واک کا دورانیہ بڑھائیں۔

☆ ماہر نفسیات سے CBT کروائیں۔

TEACHING POINTS:

* Rule out Diabetes, Thyroid, Inflammation of muscles by RBS, TSH, CRP.
* Reassure and address concerns.
* There is no diagnostic test for fibromyalgia. It is a diagnosis of exclusion.

FORMULAS:

Brand Name	Generic Name
Tryptanol	Amitriptyline

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GOUTY ARTHRITIS

(First Attack)

1	Cap. Nexum 20mg / Esso 20mg / Risek 20mg **PLUS**	ایک کیپسول صبح۔شام کھانے سے پہلے 1 Capsule twice a day before meals
2	Cap. Indocid / Indomethacin 25mg **OR** Tab. Feldene 20mg / Brexin 20mg	ایک کیپسول صبح۔دوپہر۔شام دو ہفتے کھانے کے بعد 1 Capsule thrice a day (for 2 weeks) after meals

ہدایات:

☆ گائے اور بکرے کا گوشت، کلیجی، مغز، پائے وغیرہ سے پرہیز۔

☆ سبزیاں، دالیں، فروٹ، دودھ، دہی، انڈے زیادہ استعمال کریں۔

☆ پانی زیادہ پیئیں۔

☆ روزانہ 2 کیلے کھائیں۔پنیر (Cheddar Cheese) استعمال کریں۔

☆ وزن کم کریں۔

TEACHING POINTS:

* Do not give Allopurinol / Febuxostat on first gouty attack.
* Give Allopurinol / Febuxostat if second gouty attack, uric acid stone, tophi or nephropathy develops.
* Start with 300mg Zyloric daily and reduce to minimum dose which keeps uric acid in normal range.
* Stop zyloric only if other lifestyle measures are able to keep uric acid in normal range

FORMULAS:

Brand Name	Generic Name
Nexum / Esso	Esomeprazole
Risek	Omperazole
Indocid / Indomethacin	Indomethacin
Feldene / Brexin	Piroxicam
Zyloric	Allopurinol

OSTEOARTHRITIS OF KNEES (WITHOUT KNEE EFFUSION)

1	Tab. Declofenac 50mg / Brufen 400mg / Naproxen 500mg / Tab. NISE 100mg	ایک گولی صبح۔شام دو ہفتے کھائیں۔ (کھانے کے ساتھ) 1 Tablet twice a day after meals (2 weeks)
☆	ایک ہفتہ صرف Panadol کھائیں۔پھر دوبارہ کورس کریں۔	
2	Tab Cartigen Plus / Gevelox Plus 500mg **PLUS**	ایک گولی صبح۔شام جاری رکھیں Contineue 1 tablet twice a day
3	Tab. Esegrow-D / Osnate-D / Cac 1000 Plus / Abocal **PLUS**	ایک گولی دن میں ایک مرتبہ جاری رکھیں Contineue 1 tablet a day
4	Cap. Sg. Indrop-D / Sunny-D 200000 units	ایک کیپسول ایک ہفتے کھائیں (صرف تین دفعہ) 1 Capsule after 1 week (only 3 times)

ہدایات:

☆ گھٹنے کی ورزش کریں۔

☆ نماز کی ورزش کریں۔

☆ وزن کم کریں۔

☆ ہموار زمین پر واک کریں۔

☆ گھٹنے کی مالش اور فزیوتھراپی کرائیں۔

☆ روزانہ دودھ پیئیں۔

TEACHING POINTS:

* Osteoarthritis is a degenerative disease with mild inflammation.
* Key to treatment is weight reduction, quadriceps exercises, stopping inflammation.

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* Improve bone and joint health.
* Give painkiller for brief periods only. Give knee injection if effusion.

FORMULAS:

Brand Name	Generic Name
NISE	Nimesulide
Cartigen Plus / Gevilox	Glycosaminoglycan Plus Chondriotin Sulphate
Esegrow-D / Osnate-D / Cac 1000 Plus / Abocal	Calcium Plus Vitamin D
Cap. Sg. Indrop-D / Sunny-D	Vitamin D3 200000 units

OSTEOPOROSIS

1	Tab. Adronil / Boonest / Ibendro 150mg **PLUS**	ہر ماہ بعد ایک گولی کھائیں۔ تین سال کا کورس کریں پھر بند کریں۔ 1 Tablet after 1 month complete 3 years course and then stop صبح خالی پیٹ گولی کھائیں۔ سادہ پانی کے ساتھ گولی کھائیں۔ ایک گھنٹہ لیٹنا، جھکنا اور کھانا منع ہے۔ ڈبے پر لکھی ہدایات کو اچھی طرح سمجھیں۔ Take tablet in fasting take tablet with plain water do not lie down, eat or bend for an hour. Read the instructions on the box carefully
2	Inj. Vitamin D3, 600000 units I/M **OR** Inj. Indrop-D 200000 units I/M *(three injections)* **PLUS**	ایک ٹیکہ صرف ایک مرتبہ 1 injection only 1 time ہر ہفتے بعد (تین مرتبہ صرف) After 1 week (only 3 times)
3	Tab. Qalsan-D / Osnate-D / Esegrow-D, Cac1000 Plus / Abocal	روزانہ Daily

ہدایات:

☆ دودھ، دہی کا استعمال بڑھائیں۔

☆ سردیوں میں دھوپ سینکیں۔

☆ ہموار زمین پر واک کریں۔

TEACHING POINTS:

Counsel patient to stop smoking and decrease alcohol consumption.

Give I/V bisphosphonates to those who cannot take oral.

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* Inform patient about the possible side-effects with I/V preparation (fever, bodyaches etc.) Give Panadol if the patient experiences side effects.
* Inj. Adronil 3mg I/V slow push direct, every 3 months.
* Do not give Bisphosphonates in heart failure and renal failure or to patients with multiple comorbids
* Alternate to Adronil are
  Tab. Osteopor / Drate (Alendronate) 70mg weekly **OR**150mg monthly.

FORMULAS:

Brand Name	Generic Name
Tab. Adronil / Boonest / Ibendro	Ibendronate
Esegrow-D / Osnate-D / Cac 1000 Plus / Abocal	Calcium Plus Vitamin D
Inj. Indrop-D	Vitamin D3, 200000 units

PLANTAR FASCIITIS

1	Tab. Esegrow-D / Osnate-O / Qalsan-D / Cac 1000 plus / Abocal **PLUS**	ایک گولی روزانہ کھائیں Take 1 tablet daily
2	Cap. Sg Indrop-D / Sunny-D / D-Sun 200000 Units (3 Doses) **PLUS**	ایک کیپسول ہر ہفتے بعد (3 ٹوٹل) دودھ کے ساتھ کھائیں After 1 week (total 3 times) take with milk
3	Medial Arch support in shoes **PLUS**	
4	Crepe bandage at night	

ہدایات:

☆ جوتے کے اونچے پتاوے بنوائیں۔

☆ رات کو گرم پٹی سے پاؤں باندھیں۔

TEACHING POINTS:

* Mostly this condition occurs because of two factors vitamin-D deficiency and flat shoes/feet.
* Pain is worst when taking the first few steps in the morning or after rest, therefore use support / splints etc. at night time.
* Advise to strap arch of foot with crepe bandage at night.
* If pain does not improve with vitamin D, calcium, shoe support, night time crepe bandage splints, then give Inj. Kenacort / Depomedrol 40mg plus Inj. Xylocaine 2% plain 1ml near the most tender point in the heel.

FORMULAS:

Brand Name	Generic Name
Esegrow-D / Osnate-D / Qalsan-D/Cac 1000 plus/ Abocal	Calcium + Vitamin D
Sgindrop-D / Sunny-D / D-Sun	Vitamin D3 200000 units
Kenacort	Triamcinolone
Depomedrol	Methylprednisolone

RHEUMATOID ARTHRITIS

(Arthritis in both small and large joints on both sides of body with morning stiffness of more than 30 minutes, duration of arthritis more than 2 weeks, mostly in women)

1	Inj. Kenacort 80mg / Depomedrol 80mg/ Lonacort 80mg Stat (1M) **PLUS**	صرف ایک بار گوشت میں لگائیں۔ Only 1 injection intramuscular
2	Tab. Methotrexate / Cytotrexate 10mg **PLUS**	ایک گولی صرف جمعہ کے دن کھانے کے بعد 1 Tablet only on Friday (after meals)
3	Tab. Folic Acid 5mg **PLUS**	ایک گولی ہفتے کے دن 1 Tablet only on Saturday
4	Cap. Esso 40mg / Nexum 40mg / Risek 40mg **PLUS**	ایک کیپسول صرف جمعہ کے دن کھانے سے پہلے 1 Capsule only on Friday (before meals)
5	Tab. HCQ / Plaquenil 200mg **PLUS**	روزانہ ایک گولی 1 Tablet daily
6	Tab. Qaslan / Osnate-D / Esegrow-D / CaC 1000 / Abocal **PLUS**	ایک روزانہ 1 Tablet daily
7	Tab. Panadol 500mg	حسبِ ضرورت درد کیلئے 2 Tablets as needed for pain

TEACHING POINTS:

* Rheumatoid Arthrtis is usually a clinical diagnosis.
* Confirm by Anti-CCP blood test.
* RA factor may be present in normal people and in other autoimmune diseases.
* Check activity of RA by ESR or CRP.
* Check CBC, SGPT (ALT), Creatinine and urine C/E before starting treatment, monitor these test at least 3 monthly.
* Avoid Methotrexate during pregnancy.

* Convert to Sulphasalazine at least three months before conception.
* If not controlled by Methotrexate and HCQ, refer to rheumatologist to consider Leflunamide or other options.
* Consider treatment for osteoporosis if elderly.
* Use intra-articular steroid injections if there is monoarticular flare-up.

FORMULAS:

Brand Name	Generic Name
Kenacart / Lonacort	Triamcinolone
Depomedrol	Methylprednisolone
Cytotraxate	Methotrexate
Esso / Nexum	Esomeprazole
Risek	Omeprazole
HCQ / Plaquenil	Hydroxychloroquine
Panadol	Paracetamol

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VITAMIN D DEFICIENCY

1	Inj. Vitamin-D & 600000 units - I/M **OR** Inj. Indrop-D 200000 units I/M every week **PLUS**	ایک ٹیکہ صرف ایک مرتبہ 1 injection intramuscular only once ہر ہفتے بعد ایک ٹیکہ گوشت میں لگائیں (تین ہفتے) 1 injection intramuscular weekly (3 weeks)
2	Tab. Qalsan-D / Cac 1000 Plus / Abocal / Sonate-D / Esegrow-D	روزانہ کھائیں 1 Tablet daily

ہدایات:

☆ سردیوں میں دھوپ میں آدھا گھنٹہ بیٹھا کریں۔

☆ دودھ، دہی کا استعمال زیادہ کریں

TEACHING POINTS:

* No need to test for Vitamin D because most of us are deficient.
* First replace with high dose (600000 units) then give maintenance therapy of 400 IU/day.
* Always give calcium at least 1000mg daily with Vitamin D * Turn back towards sun for sun exposure to avoid tanning of face and hands.
* By exposing 10% of body to sun light without clothes, only 10 minutes are enough for one week.
* Advise sun exposure in morning or evening not in noon or afternoon.

NEUROLOGY

For any suggestions or feedback about the book, kindly contact at:

0332 425 09 68

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CLUSTER HEADACHE

(Recurrent, severe unilateral headache occurring in clusters causing disturbance in daily life, associated with tearing and rhinorrhea)

Abortive Treatment for Acute Attack of Cluster headache		
1	Oxygen 8L/min x 10 minutes OR 100 % through mask **AND/OR** Cap. Zomig 2.5mg stat	حسب ضرورت As needed
Prophylaxis for Chronic Cluster Headache		
2	Tab. Calan 40mg	ایک گولی صبح شام (6 ماہ کا کورس) 1 Tablet twice a day 6 months course

TEACHING POINTS:

* Cluster headaches are very severe and occur around the same eye repeatedly causing ptosis, tearing and rhinorrhea on the same side, occur in later part of night or near early morning hours. Often the attack awakens patient from sleep.
* Advise the patient to keep a small oxygen cylinder so that the patient can take oxygen whenever there is an acute attack. Oxygen is the drug of choice to stop an attack of cluster headache.
* Oxygen and Zomig (Zolmitriptan) are first line treatment for an acute attack but Dihydroergotamine IM/IV injection with metoclopramide can also be used.
* NSAIDs and Narcotic analgesics may not work because of short and sever nature of cluster headache.
* Corticosteroids are also helpful in terminating a Cluster Headache cycle and preventing immediate recurrence but side effects must be considered.
* Avoid known triggers like disturbance in sleep cycle, strong emotions, and excessive physical activity.
* Tab. Calan (Verapamil) is for prophylaxis, not for acute attack
* If needed you can increase Zomig to 5mg.

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FORMULAS:

Brand Name	Generic Name
Zomig	Zolmitriptan
Calan	Verapamil

MIGRAINE

(More than four attacks per month)

1	Tab. Panadol Extra **PLUS**	دو گولیاں حسب ضرورت سر درد کے شروع میں کھائیں 2 Tablet as needed at the start of headache
2	Tab. Maxolon 10mg **PLUS**	ایک گولی 1 tablet
3	Tab. Inderal 10mg **OR** Tab. Topiramate 25mg **OR** Tab. Tryptanol 25mg	ایک گولی صبح۔شام چھ ماہ 1 Tablet twice a day (6 month) ایک گولی رات کو(ایک ہفتہ) پھر دو گولیاں یا (50mg) کی ایک گولی (6ماہ) 1 Tablet 25mg every night (1 week), then 2 tablets of 25mg or 1 tablet of 50mg at night for 6 month آدھی گولی رات کو دس دن (رات 8 سے 9 بجے کے درمیان) پھر ایک گولی 10 دن پھر 2 گولیاں روزانہ جاری رکھیں۔ ½ Tablet at night for 10 days (between 8 and 9 pm) then 1 tablet at night for 10 days then continue 2 tablet at night

ہدایات:

☆ جس چیز سے سر درد بڑھتا ہے اس سے بچیں۔

☆ اگر سر درد مسلسل ہو، رات کو جگاتا ہو، صبح سویرے زیادہ ہوتا ہو، ہاتھ پاؤں میں کمزوری آئے، بخار کے ساتھ ہو تو فوراً دوبارہ ڈاکٹر کو دکھائیں۔

TEACHING POINTS:

* If migraine attacks are not controlled by Panadol extra & Maxolon, then advise Triptan (i.e., Tab. Zomig 2.5mg).
* Combination of Sumatriptan & Naproxen is also available (i.e., Tab. Sumoxen 85/500mg) and has synergistic value

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* Migraine is a neurological syndrome and is currently regarded far beyond simple headache disorder. If not identified and treated properly episodic migraine transforms into Chronic Migraine.
* Migraine can present in very atypical ways i.e., without headache, with and without aura, migraine presenting as vertigo, migraine presenting blurring of vision etc.
* If less than 4 attacks per month, then only give analgesic and / or antiemetic.
* Best time to give an oral treatment for migraine attack is first sign of any symptom, as the earliest treatment has shown to stop progression of migraine attack.
* Use antiemetic early in treatment regardless of emesis as it has shown to reduce migraine headaches and attack progression.
* Avoid triptan in cases of refractory HTN, Poorly controlled DM, Vaso-occlusive disease, cardiovascular disorders and Pregnancy.
* Anti-inflammatory doses of NSAIDs are required to control migraine attack e.g., Aspirin 600-900mg, Ibuprofen 600-800mg, Naproxen 500-1000mg etc.
* Effective treatment is one which stops acute attack in 2 hours
* Effective prophylaxis is one which reduces "frequency" and "severity" of attacks by 50%.
* Avoid giving tramadol on regular basis because it can cause medication overuse headache.
* Rarely for some patients, caffeine can be a trigger so their migraine may increase with Paracetamol with caffeine (Panadol extra).

FORMULAS:

Brand Name	Generic Name
Panadol Extra	Paracetamol Plus Caffeine
Maxolon	Metoclopramide
Inderal	Propranolol
Hitop	Topiramate
Tryptanol	Amitriptyline
Sumoxen	Sumatriptan Plus Naproxen
Stemetil	Prochlorperazine

TENSION HEADACHE

(Band like headache related to stress, without danger signs)

1	Tab. Panadol 500mg **PLUS**	2 گولیاں حسب ضرورت 2 Tablest as needed
2	Tab. Tryptanol 25mg	آدھی گولی رات کو دس دن (رات 8 سے 9 بجے کے درمیان) پھر ایک گولی 10 دن پھر 2 گولیاں روزانہ جاری رکھیں۔ ½ Tablet at night for 10 days (between 8 and 9 pm) then 1 tablet at night for 10 days then continue 2 tablet at night

ہدایات:

☆ واک کریں۔

☆ نیند پوری کریں۔

☆ ماہر نفسیات سے اپنی CBT کرائیں۔

TEACHING POINTS:

* Mostly it is mild to moderate in severity, non-disabling, band like, non-pulsating, bilateral, occipito-nuchal or bi-frontal, band-like headache without nausea or vomiting, not aggravated by physical activity and without prodrome.
* Comparing it to migraine, Tension Type Headache is more variable in duration (30 minutes to 72 hours), less severe and constant in quality.
* Address the concerns of the patient appropriately
* Advise non pharmacological interventions like coping skills, CBT, sleep hygiene, relaxation techniques, and improvement of postures, acupuncture and massage.
* Increase Tryptanol till remission of symptoms and bearable side effect.

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* If Tryptanol is not effective or causes side effects consider SNRI like Cap. Duloxetine 20mg, e.g., Cap. Dulan / Hapibar / Zenbar 20mg.

ایک کیپسول رات کو۔ دس دن پھر دو کیپسول رات کو جاری رکھیں

FORMULAS:

Brand Name	Generic Name
Panadol	Paracetamol
Tryptanol	Amitriptyline
Dulan / Hapibar / Zenbar	Duloxetine

BELL'S PALSY
(IDIOPATHIC FACIAL PALSY)

(Sudden onset of weakness of half face (including forehead) without vesicles in the ear)

1	Tab. Deltacortil 5 mg *(4 tablets TID after meals, for 6 days followed by a taper for a total of 7-10 days)* **PLUS**	چار گولیاں صبح، دوپہر اور شام چھ دن تک کھائیں 4 Tablets thrice a day after meals for 6 days اگلے دس دن گولی کم کرتے جائیں اس کے بعد مکمل بند کر دیں Reduce tablets over next 10 days then completly stop
2	Cap. Esso/Nexum/Esomega 20 mg **PLUS**	ایک کیپسول صبح شام کھائیں کھانے سے پہلے 1 Capsule twice a day (before meals)
3	Tab. Acyclovir 400mg 5times a day for 7-10 days **PLUS**	ایک گولی ہر 5 گھنٹے کے بعد کھانے سے پہلے (دس دن کے لیئے) 1 Tablet after every 5 hours before meals (for 10 days)
4	Tear Naturalle eye drops as needed during day **PLUS** Polyfax Eye Ointment at night	آنکھ میں خارش، خشکی، جلن کی صورت میں قطرے استعمال کریں۔ Use in eye for dryness, ittching and irritation

ہدایات:

☆ ٹھیک ہونے میں ایک سال لگ سکتا ہے۔

☆ چہرے کی ورزش کریں۔

☆ رات کو آنکھ بند کر کے ٹیپ لگا لیں۔

☆ تحقیق نے ثابت کیا کہ جنگلی کبوتر کی یخنی، خون، کمرے میں بند کرنا، اندھیرا کرنا، گرم کمرے میں رہنا۔ ان کا کوئی فائدہ نہیں ہے۔

چشمہ استعمال کریں۔

TEACHING POINTS:

* Address the concerns of the patient concern about stroke.
* Address the misperceptions regarding Bell's palsy in a sensit way i.e., wild pigeons meat, staying in dark and warm plac
* Start treatment with Oral steroids in initial 1-4 days of onset or as early as possible.

☆

☆ کھا۔

* As most of the cases of IFP have been supposed to be associated with HSV- 1 and 2 reactivation from geniculate ganglion. Acyclovir use in combination with steroid has been the standard treatment and found beneficial in patients with severe to complete facial palsy.
* There is decreased amount of lacrimal fluid production initially so eye care is imperative with risk of abrasion, corneal ulcers.
* Advise facial exercises.
* Advise artificial tear during day and occlusive bandage with adequate ophthalmic ointment at night
* Advise sunglasses/zero number glasses to protect cornea in day time
* Usually no laboratory investigations are needed for diagnosis but Blood Sugar Random and HbA1c are advisable as IFP has high association with DM.
* Bell'sPalsy is a clinical diagnosis but other causes of Peripheral nerve palsy always needs to be ruled out.
* Approximately 80-90% of IFP patients recover without noticeable disfigurement in 6 weeks to 3 months but natural course of disease varies from full recovery to permanent paralysis.
* In recurrent ipsilateral facial palsy and progressive paralysis of facial nerve, consider tumor of facial nerve or parotid gland and refer.
* In bilateral facial nerve palsy, consider Lyme's Disease, Sarcoidosis, Gillain Barre Syndrome, Meningitis, and Neurofibromatosis and refer.
* If there are vesicles inside or outside the ear on the same side, then the diagnoses is Ramsay Hunt Syndrome. Ramsay Hunt Syndrome is due to Herpes Zoster and is treated with the Acyclovir 800mg 5 times/day for 1 week. Do not give steroid.

FORMULAS:

Brand Name	Generic Name
Deltacortil	Prednisolone
Acylex	Acyclovir
Tear's Naturale	Artificial tears

PERIPHERAL NEUROPATHIES/ METABOLIC NEUROPATHY

(Burning, pins and needles, tingling (Increased sensations) need treatment. Decreased sensations like hypoesthesia, anesthesia need protections of fingers and toes)

1	Cap. Cymbalta / Dulan / Hapibar / Zenbar 20 mg **OR** Cap. Lyrica / Zeegab / Gabica / Regab / Syngab 50 mg **OR** Cap. Neurontin/Gabix/Gaba 300 mg **OR**	ایک کیپسول رات کو 1 Capsule at night
2	Tab. Tryptanol / Prothiadin / Tofranil 25mg	آدھی گولی رات کو (ایک ہفتہ) 8 سے 9 بجے کے درمیان ½ Tablet at night (1 week) آدھی گولی رات کو دس دن (رات 8 سے 9 بجے کے درمیان) پھر ایک گولی 10 دن پھر 2 گولیاں روزانہ جاری رکھیں۔ ½ Tablet at night for 10 days (between 8 and 9 pm) then 1 tablet at night for 10 days then continue 2 tablet at night
3	Tab. Methycobol / Mecobol / Neuromet 500 mcg	ایک گولی روزانہ جاری رکھیں Contineue 1 tablet

ہدایات:

☆ شوگر کو اچھی طرح کنٹرول کریں۔

☆ جوتے کھُلے پہنیں۔

☆ کھانے میں پھل گوشت استعمال کریں۔

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TEACHING POINTS:

* Identify any drug which is causing neuropathy.
* Advice strict control of blood sugar.
* Advice coping skills, consider CBT.
* Start with low dose of all drugs.
* Gradually increase doses of drugs according to control of symptoms.
* Advise Vitamin B-12 for Vegetarian patients or with poor nutritional habits
* Advise proper shoe and foot care to patients have reduced sensations.
* Always check feet of diabetic patients annually.
* Advise topical Capsaicin cream (Capcidol cream) 3-4 times daily if neuropathy is not controlled by drugs alone.

FORMULAS:

Brand Name	Generic Name
Cymbalta / Dulan / Hapibar / Zenbar	Duloxetine
Lyrica / Zeegab / Gabica / Regab / Syngab	Pregabalin
Neurontin/Gabix/Gaba	Gabapentin
Tryptanol	Amitriptyline (TCA)
Prothiaden	Dosulepin (TCA)
Tofranil	Imipramine (TCA)
Capcidol	Capsaicin

TRIGEMINAL NEURALGIA

(Brief episodes of very sharp, electric current like pain in only one side of the face with normal Neurological examination)

1	Tab. Tegral / Teril 200 mg *twice a day for 6-12 months* **OR** Tab. Telox / Oxalepsy 150 mg *Twice a day for 6-12 months* **OR**	ایک گولی صبح شام 6 سے 12 ماہ تک 1 Tablet twice a day for 6-12 months
2	Tab. Lamnet / Lojin 25mg *once a day to 250mg twice a day* *(Keep as add-on drug for refractory patients and consider referral)*	ایک گولی صبح شام 1 Tablet twice a day

TEACHING POINTS:

* Examine teeth and temporomandibular joints yourself and avoid unnecessary investigations
* Properly explain to the patient the nature of neuropathic pains, trigger zones and areas of increased sensitivity of face around nose and mouth.
* Common triggers of attacks are daily activities like shaving, brushing, chewing, drinking hot or cold, talking, smiling, and encountering cold air from window.
* Trigeminal neuralgia has also been seen in Multiple Sclerosis.
* Carbamazepine is the only FDA approved and drug of choice because it is effective even in low doses.
* 75% of patients are in remission with starting medical management with Carbamazepine but also remit upon quitting drug after first year.
* Long term monitoring for risk of Agranulocytosis and Aplastic anemia warrants ordering CBC for the first few weeks of therapy with Carbamazepine.
* Oxcarbazepine is a better alternate with minimum risk and favorable side effect profile to Carbamazepine.
* Refer all refractory cases.

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* Other anti-epileptics might work but Lamotrigene is the 2nd choice as an add-on drug for refractory Trigeminal Neuralgia patients.

FORMULAS:

Brand Name	Generic Name
Tegral / Teril	Carbamazepine
Telox/ Oxalepsy	Oxcarbazepine
Lamnet/ Lojin	Lamotrigene

NEPHROLOGY AND UROLOGY

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BENIGN PROSTATIC HYPERTROPHY

1	Tab. Tamsolin / Flexiflow / Maxflow / Flowmax, 0.4rng	رات سوتے وقت At night while sleeping

☆ اٹھتے اور کھڑے ہوتے ہوئے احتیاط کریں۔

☆ رات کو پانی مت پیئیں۔

☆ چائے، کافی، کولڈ ڈرنک کا استعمال کم کریں۔

☆ نیند، سکون اور الرجی کی دوائیوں سے پرہیز کریں۔

TEACHING POINTS:

* Check PSA and ultrasound prostate to screen for prostate Ca.
* Check Urine C/E to rule out UTI.
* If Tamsulosin alone is not effective start combination of Tamsulosin and Dutasteride i.e., Tamsolin plus, Flowmax-D, Duodart etc.
* Drugs with anticholinergic side effects like TCA, Antihistamine, Phenothiazine etc., may cause prostatic symptoms.
* Other Alpha blockers may be used like Hytrin, Xatral etc.

FORMULAS:

Brand Name	Generic Name
Tamsolin / Flexiflow / Maxflow / Flowmax	Tamsulosin
Tamsolin-D / Maxflow-D / Duodart	Tamsulosin Plus Dutasteride

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RENAL COLIC

1	Inj. Dicloran / Voren / Voltran 75mg I/M Stat *(If no improvement)* **ADD**	ایک ٹیکہ گوشت میں لگائیں 1 Injection intramuscular as needed
2	Inj. Kinz 10mg / Inj. Tramal 100mg I/V Stat **PLUS**	ایک ٹیکہ رگ میں لگائیں 1 Injection IV as needed
3	Inj. Gravinate 10mg I/V Stat	

TEACHING POINTS:

* Advise urine complete exam, creatinine and ultrasound KUB.
* If pain does not settle after Diclofenac and Kinz, then advise Inj. Nospa / Spasfon I/V stat.
* If moderate hydronephrosis, refer to urologist.
* If associated with fever and flank heaviness, advise Ciprofloxacin or Ceftriaxone and refer.

FORMULAS:

Brand Name	Generic Name
Dicloran / Voren / Voltran	Diclofenac
Tramal	Tramadal
Gravinate	Dimenhydrinate
Kinz	Nalbufen

LOWER URINARY TRACT INFECTION

(In a woman of childbearing age, Bladder symptoms only e.g., burning, increased frequency etc., no flank pain, no high fever)

1	Syp. Citralka **PLUS**	ایک گلاس پانی میں ایک چمچ شربت ڈالیں اور صبح۔دوپہر۔شام پئیں 1 Teaspoon in 1 glass of water 3 times a day
2	Cap. Genurin Forte **PLUS**	ایک کیپسول صبح۔شام تین دن 1 Capsule twice a day for 3 days
	Cap. Amoxil 500mg **OR**	ایک کیپسول صبح۔دوپہر۔شام 1 Capsule thrice a day
	Tab. Augmentin 625mg **OR**	ایک گولی صبح۔دوپہر۔شام 1 Tablet thrice a day
	Tab. Septran-D **OR**	ایک گولی صبح ۔ شام 1 Tablet twice a day
	Tab. Nitrofurantoin 100mg	ایک گولی صبح ۔شام (ایک ہفتے کا کورس ضرور مکمل کریں) 1 Tablet twice a day Complete 1 week course

☆ پانی زیادہ پئیں۔

INVESTIGATIONS:

Urine C/E also call Urine DR.

TEACHING POINTS:

* In women of childbearing age, most common organism is E.coli and infection is an ascending one, not hematogenous.

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* WHO recommends simple antibiotics for bladder infection for one week only.
* Ciprofloxacin and Ceftriaxone are given for pyelonephritis, not bladder infection.
* Do not give Linezolid or Meropenam in primary care. They are last resort antibiotics.
* Urine C/E will show
  1. Increased Leucocyte Esterase
  2. Increased Nitrites
  3. Increased WBC/Leukocytes more than 6 per high power field
  4. Bacteria more than 6 per high power field
* Men, young girls, elderly women, those with comorbids, those with abnormalities of urinary tract should have urine culture sensitivity and ultrasound KUB also.
* Those with kidney pain need urine C/S, Ciprofloxacin / Ceftriaxone for 2 weeks because pyelonephritis can damage the kidney.

FORMULAS:

Brand Name	Generic Name
Citralka	Sodium Citrate
Genurin Forte	Flavuxate
Amoxil	Amoxicillin
Augmentin	Co-Amoxicillin
Septran-DS	Trimethoprim + Sulphamethoxazole
Nitrofurantoin	Nitrofurantain

UPPER URINARY TRACT INFECTION (PYELONEPHRITIS / PROSTATITS)

1	Tab. Panadol 500mg **PLUS**	دو گولیاں صبح۔دوپہر۔شام 2 Tablet thrice a day
2	Tab. Ciproxin / Novidate / Cyrocin 500mg **OR** Inj. Ceftriaxone 1G	ایک گولی صبح۔شام چودہ دن 1 Tablet twice a day (14 days) ایک ٹیکہ صبح۔شام چودہ دن 1 Injection twice a day (14 days)

ہدایات:

☆ پانی زیادہ پئیں۔

☆ آرام کریں۔

ADVISE:
* Urine C/E
* Urine Culture / Sensitivity
* Ultrasound KUB
* Semen analysis + C/S if Prostatitis is suspected

TEACHING POINTS:
* Pyelonephritis is a serious disease and may lead to renal scarring and failure.
* Start treatment and arrange referral to nephrologist.
* If ultrasound shows renal stone or hydronephrosis refer to urologist.
* Avoid nephrotoxic drugs and dehydration.
* Duration of antibiotic in Pyelonephritis is 2 weeks
* Duration of antibiotics in Prostatitis is 4 weeks
* Antibiotics of choice for both Pyelonephritis and Prostatitis are same, only duration is different
* Tab. Septran-DS may also be given in Prostatitis.

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FORMULAS:

Brand Name	Generic Name
Panadol	Paracetamol
Ciproxin / Novidate / Cyrocin	Ciprofloxacin

PEDIATRICS

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CHICKEN POX

(Itchy, macular→ popular → vesicular rash starting on head/trunk before spreading to all over the body. The child has fever, sore throat and cough. History of contact may be positive)

1	Syp Panadol 10-15mg/kg/dose *(As required)* **PLUS**	حسبِ ضرورت۔ صبح، دوپہر، شام Thrice a day (as needed)
2	Syp Sedil / Rigix 2-6 years 2.5mg-5mg oral solution once a day 6 years 5-10mg oral solution once a day *(in case of itching)* **OR**	روزانہ ایک چمچ Daily 1 teaspoon
3	Calamine lotion apply on the lesions for soothing effect	

TEACHING POINTS:

* Highly contagious, most infectious period is 2 days before appearance of rash till all the lesions are crusted and dry.
* Advice to avoid contact with immunosuppressed, pregnant women and elderly people
* As with all viral illnesses advice good protein diet and increase intake of water
* Advice about red flag signs including increase breathlessness (pneumonia), severe abdominal pain (pancreatitis), balance problem and drowsiness (encephalitis).

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* Do not give antihistamine in children less than 2 years of age
* Do not send the child to school for 7 days or until all lesions have scabbed over and child is afebrile. Provide school leave certificate accordingly

FORMULAS:

Brand Name	Generic Name
Panadol	Paracetamol
Sedil/Rigix	Cetirizine
Calamine lotion	Zinc oxide, ferric oxide

MEASLES

(Conjunctivitis, fever, koplick spots inside the mouth and maculo-papular rash starting on head/trunk before spreading all over the body)

1	Syp Panadol 10-15mg/kg/dose 4- 6 hourly **OR** Syp. Ibuprofen 5-10mg/kg every 6 hourly **PLUS**	حسبِ ضرورت۔ صبح، دوپہر، شام Thrice a day (as needed)
2	Cap Vitamin A 100,000 Units One capsule daily for 2 days *(<1 year)* *(200,000 units capsule if >1 year)* *Daily for 2 days*	ایک کیپسول روزانہ (2 دن) 1 Capsule daily (for 2 days)

TEACHING POINTS:

* Highly contagious, most infectious period from prodromal period till 4 days after rash starts.
* Most commonly measles presents with 3 C's (Cough, Coryza, Conjunctivitis) even before the rash
* Diarrhea occur in 10 % patients, treat symptomatically with ORS
* As with all viral illness advice good protein diet and increase intake of water
* Advice about red flag signs including ear ache (otitis media) increase breathlessness (pneumonia), blurring of vision and eye pain (keratoconjunctivitis).
* Repeat Vitamin A capsule after 4 weeks if eye disease present
* Always advise all your patients about measles vaccinations

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* As this is a reportable disease must inform local health authorities so that a mop up vaccination campaign maybe done by the Government vaccinators in the area where this case was reported
* Do not send the child to school for 5 days and provide school leave certificate.

FORMULAS:

Brand Name	Generic Name
Panadol	Paracetamol

MUMPS

(Fever, swelling and inflammation of one and both of the parotid gland. The child also has fever, sore throat and cough)

1	Syp Panadol 10-15mg/kg/dose Every 6 hours **PLUS** Syp Brufen 10mg/Kg/dose every 6 hours	حسبِ ضرورت۔ صبح، دوپہر، شام Thrice a day (as needed)

TEACHING POINTS:

* Highly contagious, most infectious period is 5 days after the parotid swelling
* Do not send the child to school for 5 days and provide school leave certificate
* As with all viral illness advice good protein diet and increase intake of water
* Most serious complication is encephalitis, meningitis, pancreatitis and orchitis
* Advice about red flag signs including severe abdominal pain (pancreatitis), balance problem and drowsiness (encephalitis), neck stiffness (meningitis) and testicular swelling or lower abdominal pain (orchitis/oophoritis in post pubertal age)
* If unilateral, tender, without respiratory symptoms and general malaise, consider bacterial parotitis. Treat bacterial parotitis with Brufen and Augmentin.

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FORMULAS:

Brand Name	Generic Name
Panadol	Paracetamol
Brufen	Ibuprofen

URINARY TRACT INFECTION IN CHILDREN

(Fever, dysuria, lower abdominal pain, urgency and frequency. May present with vomiting and/or diarrhea in very small infants)

1	Syp. Panadol 10-15mg/kg/dose *As required*	حسبِ ضرورت As needed
2	Syp. Caricef / Cefim 8mg/kg/day For 6 days	روزانہ ایک بار Once daily
3	Syp. Citralka half spoon three times a day in half glass water	روزانہ 3 بار پانی میں ملا کر پلائیں۔ 1 Teaspoon 1 glass of water thrice a day

TEACHING POINTS:

* Refer serious patients with fever, irritability and reluctance to feed in small babies usually <1 yr.
* Counsel the patient and mother for proper washing techniques and maintaining personal hygiene.
* All UTIs in children, boys or girls, need ultrasound evaluation.
* In children recurrent UTI needs to refer to urology for further work up like MCUG.
* Recurrent UTI children must have MCUG test because the most common cause of recurrent UTI is vesico-ureteric reflux.
* Always send urine culture when UTI is confirmed.

FORMULAS:

Brand Name	Generic Name
Panadol	Paracetamol
Caricef / Cefim	Cefixime
Citro soda sachet	Sodium bicarbonate, sodium citrate, citric acid, tartaric acid

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VIRAL GASTROENTERITIS (<5% DEHYDRATION)

(Slightly decreased urine output; slightly increased thirst; slightly dry mucous membrane; slightly elevated heart rate)
(Normal capillary refill; normal skin turgor; normal eyes; and normal anterior fontanelle)

1	Syp. Zinc 3-5 mg/kg/day	روزانہ ایک بار۔2 ہفتے کیلیے Once a day for 2 weeks
2	ORS solution 50ml/kg over 4 hours	

TEACHING POINTS:

* Treat at home
* Amount of ORS after each episode of vomiting or diarrhea:
* Weight <10 kg = 60 to 120 ml.
* Weight >10 kg = 120 to 240 ml.
* Continue until the vomiting and diarrhea have subsided.
* Continue age-appropriate diet as soon as tolerated.
* Continue breastfeeding throughout.
* Give more of banana, rice and yogurt.
* Explain danger signs well to the mother.
* Reinforce food and hand hygiene.
* Refer severe dehydration after initializing IV fluid.

VIRAL GASTROENTERITIS (5-10% DEHYDRATION)

(Alert but fatigued, or irritable; decreased urine output; moderately increased thirst; dry mucous membranes; elevated heart rate; prolonged capillary refill; decreased skin turgor; sunken eyes; and sunken anterior fontanelle)

1	Syp. Zincat OD 3-5 mg/kg/day for 14 days	روزانہ ایک بار۔2 ہفتے کیلیے Once a day for 2 weeks
2	ORS solution 100ml/kg over 4 hours	

TEACHING POINTS:

* Treat at home
* Amount of ORS after each episode of vomiting or diarrhea:
* Weight <10 kg = 60 to 120 ml.
* Weight >10 kg = 120 to 240 ml.
* Continue until the vomiting and diarrhea have subsided.
* Severe dehydration or severe vomiting, refer for IV therapy
* In severe vomiting single IM or IV injection of Onset (Ondansetron) 4 mg can be given to facilitate oral intake, but this should not delay referral
* Continue age-appropriate diet as soon as tolerated.
* Continue breastfeeding throughout.
* Give more of banana, rice and yogurt.
* Explain danger signs well to the mother.
* Reinforce food and hand hygiene.
* Refer severe dehydration after initializing IV fluid.
* Formula for maintenance fluid if the child is not taking anything orally. Daily IV fluid maintenance requirement is 100 ml/kg for the first 10 kg body weight, 50ml/kg for the next 10 kg and 20ml/kg for each subsequent 1 kg over 20 kg.

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CROUP

(Seal like barking cough, symptoms increase with agitation, occur in 6 months to 6 years old children, no stridor at rest)

1	Syp. Panadol 10-15mg/kg/dose As required.	حسبِ ضرورت۔ صبح، دوپہر، شام Thrice a day (as needed)
2	Decadron: 0.15 to 0.6 mg/kg orally as a single dose	صرف ایک بار 1 Dose only

TEACHING POINTS:

* Keep the child calm, as agitation may cause worsening of symptoms.
* A single dose of oral Dexamethasone is given as time of diagnosis
* Dexamethasone starts its effect within 2 hours
* If the child cannot take crushed tablet, give syrup Prednisolone (Syp Steron) or soluble Tab Betamethosone (Tab Betnesol 0.5 mg)
* Educate parents about its self-limiting nature.
* Refer the patient with stridor at rest.
* Nebulized adrenaline (epinephrine) in dose of 0.5 ml/kg/dose (using 1 mg/ml ampoule). Do not exceed 5 ml of nebulized epinephrine.
* The 1:1000 ratio written on adrenaline represents 1 gram of epinephrine in 1,000 mL of solution, so the amount per unit of volume is 1 mg/mL
* Its effectiveness is immediate within the first 30 minutes and then, has a lasting effect from 90-120 minutes.

FORMULAS:

Brand Name	Generic Name
Panadol	Paracetamol
Decadron	Dexamethasone
Steron	Prednisolone

CONSTIPATION IN CHILDREN

(Infrequent passage of stools leading to 1 or more of the following: painful defecation; overflow fecal incontinence; rectal fecal impaction)

1	Syp Cremaffin one spoon 2-3 times daily **OR** Philips Milk of Magnesia one spoon 2-3 times daily	ایک چمچ دن میں 3 مرتبہ 1 Tablespoon thrice a day
2	Glycerin suppository before Passing Stool	پخانے کی جگہ کے اندر رکھیں۔ For internal use in back passage

TEACHING POINTS:

* Establish regular bowel habits.
* Control anal pain by Tronolain cream/Xylo-Aid jelly.
* Give proper dose of laxative so that child passes 2-3 soft stools daily.
* If softer laxatives are not effective, then alternate laxatives are Syp Duphalac / Syp Lexuberon / Castor oil.
* Advise high fiber diet, undiluted milk, early weaning on solid intake.
* Advise plenty of water intake.
* Do a DRE. If constipation since birth and rectum is empty, refer for evaluation for Hirschsprung's disease.
* If there are other symptoms of Hypothyroidism check TSH.
* If DRE show impacted stool, give pediatric enema.

FORMULAS:

Brand Name	Generic Name
Cremaffin	Milk of Magnesia plus liquid paraffin

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PSYCHIATRY

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DEPRESSION

1	Tab. Seradep / Citanew / Estar 20mg	آدھی گولی روزانہ رات کو دس دن پھر ایک گولی روزانہ رات کو ½ Tablet at night (10 days) than 1 tablet at night
	OR	
	Cap. Depricap / Flux / Zauxit 20mg	ایک کیپسول روزانہ دس دن پھر دو کیپسول روزانہ 1 Capsule daily (10 days) Than 2 capsules daily
	OR	
	Tab. Zoloft / Sert / Serlin 100mg	آدھی گولی روزانہ دس دن پھر پوری گولی روزانہ ½ Tablet at night (10 days) Than 1 tablet at night
	OR	
	Tab. Paraxyl / Paroxin 20mg	ایک گولی روزانہ 1 Tablet daily
	OR	
	Tab. Paraxyl-CR / Paroxitine-CR 12.5mg	ایک گولی روزانہ 1 Tablet daily

☆ ایک سال تک جاری رکھیں

TEACHING POINTS:

* Educate family about early signs of suicidal ideation.
* Advise walk and exercise.
* Advise to make an activity plan like watering of flowers daily, meeting friends and family, bringing groceries etc.
* Educate well about side effects and delay in improvement and suicidal ideas.
* Rule out hypothyroidism by TSH.

FORMULAS:

Brand Name	Generic Name
Seradep/Citanew/Estar	Escitalopram
Depricap / Flux / Zauxit	Fluoxetine
Zoloft / Sert / Serlin	Sertralin
Paraxyl / Paroxin	Paroxitine
Paraxyl-CR / Paroxtine-CR	Paroxitine Controlled Release

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GENERALIZED ANXIETY DISORDER

(With or without panic attacks)

1	Tab. Citanew 10mg / Seradep 10mg / Estar 10mg **OR** Cap. Depricap / Flux / Zauxit 20mg **OR** Tab. Zoloft / Sert / Serlin 50mg **PLUS**	آدھی گولی روزانہ دس دن رات کو پھر ایک گولی روزانہ رات کو ½ Tablet at night (10 days) than 1 tablet at night ایک کیپسول روزانہ دس دن پھر دو کیپسول روزانہ 1 Capsule daily (10 days) Than 2 capsules daily آدھی گولی روزانہ دس دن پھر پوری گولی روزانہ ½ Tablet at night (10 days) Than 1 tablet at night
2	Tab. Inderal 10mg	ایک گولی صبح۔شام 1 Tablet twice a day

TEACHING POINTS:

* Educate well about side effects like delay in improvement and suicidal ideas.
* Advise exercise.
* Advise CBT by clinical psychologist.
* Rule out hyperthyroidism by TSH and FT4.
* The same treatment can be used for all anxiety disorders, phobias etc.
* Do not advise Benzodiazepines.

FORMULAS:

Brand Name	Generic Name
Citanew / Seradep / Estar	Escitalopram
Zoloft / Sert / Serlin	Sertralin
Depricap / Flux / Zauxit	Fluoxetine
Inderal	Propranolol

INSOMNIA

1	Tab. Tryptanol 25mg **OR** Cap. Restoril 30mg **OR** Tab. Stillnox / Xolnox / Zolp / Somnia 10mg	آدھی گولی شام آٹھ بجے۔ایک ہفتہ پھر پوری گولی شام آٹھ بجے روزانہ ½ Tablet at 8 PM (1 week) than 1 tablet at 8 PM (Daily) رات 9 سے 10 بجے کے درمیان Between 9-10 PM رات 9 سے 10 بجے کے درمیان Between 9-10 PM

ہدایات:

☆ دن کو واک کریں۔
☆ دن کو مت سوئیں ۔
☆ چائے، کافی، کولا ڈرنک کا استعمال کم کریں ۔
☆ کمرے میں اندھیرا اور خاموشی رکھیں ۔
☆ بستر میں اس وقت جائیں جب نیند محسوس ہو ۔

TEACHING POINTS:

* Avoid Tryptanol in men above the age of 50 due to risk of urinary retention.
* Educate about side effects of Tryptanol like dry mouth, constipation, dizziness.
* Consider drug treatment only when insomnia is severe, disabling or extremely distressing for the patient.
* Only prescribe a few weeks' supply of Zolpidem due to the potential for dependence and abuse.

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FORMULAS:

Brand Name	Generic Name
Tryptanol	Amitryptyline
Restoril	Temazepam
Stillnox / Xolnox / Zolp / Somnia	Zolpidem

PULMONOLOGY

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PULMONOLOGY

ASTHMA

(Episodic shortness of breath, late night or early morning cough and wheezing with seasonal variation and day to day variability, family history of asthma, hay fever and eczema)

1	Clenil Forte / Bekson Forte inhaler **PLUS**	تین ماہ جاری رکھیں۔ دو پف صبح۔ شام Two puffs twice a day (for 3 months)
2	Ventolin / Salbu inhaler **PLUS**	حسب ضرورت As needed
3	Tab. Myteka / Aerokast / Monteget 10mg	ایک گولی روزانہ۔ (تین ماہ) 1 Tablet daily (3 months)

ہدایات:

☆ پھولوں، دھول، مٹی، جانوروں، پرندوں سے دور رہیں۔
☆ گھر میں فرش پر گیلا پوچا لگائیں
☆ Vacuum cleaner سے قالین صاف کریں۔
☆ رات کو صاف بستر جھاڑ کر سوئیں۔
☆ سگریٹ نوشی ترک کر دیں۔

TEACHING POINTS:

* Educate about triggers of asthma like dust, fumes, pets, flowers etc.
* Teach inhaler technique
* Check inhaler technique
* Your target should be no daytime or nighttime symptoms
* Advise to do gargles after steroid inhaler
* You can also use Combivair 200 mcg or 400 mcg twice a day if the patient cannot use an inhaler.
* You can advise spacer / chamber if the patient cannot take inhaler directly.
* Advise pneumococcal and flu vaccine.
* Advise to lose weight and treat any contributing conditions like GERD and Rhino sinusitis

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FORMULAS:

Brand Name	Generic Name
Clenil Forte / Bekson Forte inhaler	Beclomethasone
Ventolin / Salbu inhaler	Salbutamal
Myteka / Aerokast / Monteget	Montelukast
Combivair	Budesonide + Formoterol

ACUTE BRONCHITIS

(Productive cough with clear, yellow grey or green sputum ± shortness of breath and wheezing)

1	Tab. Panadol 500mg **PLUS**	دو گولیاں صبح۔دوپہر۔شام تین دن 2 Tablets thrice a day (3 days)
2	Syp. Muconyl **OR** Syp. Ventolin Expectorant **OR** Syp. Suduri *(Sugar free for Diabetics)* **PLUS**	دو چھوٹے چمچ صبح۔شام 2 Teaspoons twice a day دو چمچ صبح۔دوپہر۔شام 2 Tablespoons thrice a day دو چمچ صبح۔دوپہر۔شام دس دن 2 Tablespoons thrice a day (10 days)
3	Joshanda	ایک پیکٹ صبح۔دوپہر۔شام 1 Packet thrice a day

ہدایات:

☆ بھاپ لیں۔

☆ سگریٹ نوشی ترک کردیں۔

TEACHING POINTS:

* Mostly viral. Can last up to 3 weeks.
* Patient may have wheeze and harsh breathing because of secretions in airways.
* Lungs do not show signs of consolidation.
* Do not give antibiotics routinely.
* Write Amoxicillin if sputum is purulent, patient is sick or has pre-existing comorbids.

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FORMULAS:

Brand Name	Generic Name
Panadol	Paracetamol
Muconyl	Terbutaline + Guaifenesin
Ventolin Expectorant	Salbutamol + Guaifenesin
Suduri	Herbal mixture
Joshanda	Herbal mixture

COMMUNITY ACQUIRED PNEUMONIA

Mild to moderate

((High grade fever, productive cough and shortness of breath with Signs of lobar pneumonia including dull percussion note, increased vocal resonance and bronchial breathing, no danger signs)

	Tab. Panadol / Calpol / Febrol 500mg **PLUS**	دوگولیاں صبح۔دوپہر۔شام 2 Tablets thrice a day
2	Cap. Amoxil 500mg **PLUS**	ایک کیپسول صبح۔دوپہر۔شام دس دن 1 Capsule thrice a day (10 days)
3	Syp. Muconyl **OR** Syp. Ventolin Expectorant	دوچھوٹے چمچ صبح۔شام 2 Teaspoon twice a day دوچمچ صبح۔دوپہر۔شام 2 Teapoon thrice a day
4	Joshanda	ایک پیکٹ صبح۔دوپہر۔شام 1 Packet thrice a day

ہدایات:

☆ آرام کریں۔

☆ طبیعت بگڑ جائے یا گردن اور سر میں درد ہوتو دوبارہ ڈاکٹر سے مشورہ کریں۔

☆ دودن بعد ڈاکٹر کو دکھائیں۔

☆ پانی زیادہ پیئیں۔

TEACHING POINTS:

* Most common organisms are strep pneumonae, hemophillus etc, which are sensitive to Amoxicillin.
* In penicillin allergy write macrolide or cephalosporin i.e., Tab. Klaricid 500mg twice a day for one week OR Cap. Keflex 500mg/Ceporex 500mg/Cedrox 500mg three times a day.
* If atypical pneumonia is suspected and patient is not pregnant or lactating, the write Cap. Vibramycin 100mg twice a day for 2 weeks. If pregnant, then give Klaricid.

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FORMULAS:

Brand Name	Generic Name
Panadol / Calpol / Febrol	Paracetamol
Amoxil	Amoxicillin
Klaricid	Clarithromycin
Keflex/Ceporex	Cephalexin
Cedrox	Cefadroxil
Muconyl	Terbutaline + Guaifenesin
Ventolin Expectorant	Salbutamol + Guaifenesin
Joshanda	Herbal mixture

ATYPICAL COMMUNITY ACQUIRED PNEUMONIA

(Mild to Moderate; signs of atypical pneumonia) (i.e., young patient, mild disease, GI symptoms, bilateral lung signs)

Tab. Panadol / Capol / Febrol 500mg **PLUS**	دو گولیاں صبح۔دوپہر۔شام 2 Tablets thrice a day
Cap. Vibramycin 100mg *(Avoid in pregrancy)* **OR** Tab. Klaricid 500mg **PLUS**	ایک کیپسول صبح۔شام چودہ دن 1 Capsule twice a day (14 days) ایک گولی صبح۔شام سات دن 1 Tablet twice a day (7 days)
Tab. Motilium/Domel 10mg	ایک گولی صبح۔دوپہر۔شام تین دن (کھانے سے پہلے) 1 Tablet thrice a day (3 days) before meals

ہدایات:

☆ آرام کریں۔

☆ پانی زیادہ پیئیں۔

EACHING POINTS:

* Atypical pneumonia is the clinically milder pneumonia.
* Also called walking pneumonia meaning chest x-ray is worse than the signs exhibited by patient.
* Atypical pneumonia has bilateral chest findings and GI symptoms.

FORMULAS:

Brand Name	Generic Name
Vibramycin	Doxycycline
Klaricid	Clarithromycin
tilium / Domel	Domparidone
Panadol/Capol/Febrol	Paracetamol

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SEVERE COMMUNITY ACQUIRED PNEUMONIA

(Signs of hypoxia e.g. drowsiness, lethargy, Seizure, cyanosis, severe *sickness, signs of respiratory failure like shortness of breath,* use of *accessory muscles of respiration, chest in drawing etc.)*

1	Inj. Oxidil/Rocephin/Zaftrox 1G I/V **PLUS** Inj. Klaricid 500mg I/V BD **OR**	ایک ٹیکہ صبح شام 1 Injection twice a day ایک ٹیکہ صبح شام 1 Injection twice a day
2	Tab. Augmentin 1G BD **PLUS** Tab. Klaricid 500mg **PLUS**	ایک گولی صبح۔شام 1 Tablet twice a day ایک گولی صبح۔شام 1 Tablet twice a day
3.	Tab. Panadol 500mg **PLUS**	دو گولیاں صبح۔دوپہر۔شام 2 Tablets thrice a day
4	Ventolin Nebulizer 20 Drops + 5ml Normal Saline	ائی کے بیس قطرے صبح۔دوپہر۔شام نیبولائز کریں دس دن کا کورس Nebulize with 20 drops Ventolin solution in 5ml in Normal Saline, thrice a day

ات:

☆ آرام کریں۔

☆ پانی زیادہ پیئیں۔

☆ طبیعت خراب ہوتو ہسپتال میں داخل ہوجائیں۔

INVESTIGATIONS:

* Chest X-ray (PA View)
* CBC
* Oxygen by pulse oximeter

TEACHING POINTS:

* Severe pneumonia has high mortality.

* Be careful with elderly (more than 65 years), diabetic, immunocompromised, those with heart or lung condition etc. and refer them for admission.
* Use CRB-65 score to decide about admission.
* Do not hesitate to refer or admit patients with severe pneumonia.
* Check oxygen saturation initially and regularly.
* If you are sending the patient home for unavoidable reasons, explain the danger signs well.
* Advise pneumococcal vaccine to all above age 60, immunocompromised, and those with heart and lung conditions.

FORMULAS:

Brand Name	Generic Name
Oxidil / Rocephin / Zaftrox	Ceftriaxone
Klaricid	Clarithromycin
Augmentin	Co-Amoxiclav
Panadol	Paracetamol
Ventolin nebulizer	Salbutamol

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COPD

(Progressive shortness of breath with daily morning productive cough with more than 20 pack years of smoking history)

1	Combivair Rotahaler 200mcg / 400mcg **PLUS**	ایک پف صبح شام 1 Puff twice a day
2	Tiovair Rotahaler 18mcg	ایک مرتبہ صبح جاری رکھیں 1 Puff daily
3	Inj. Prenevar / Synflorix / Pneumovax 23 vaccine **PLUS**	ایک ٹیکہ پٹھے میں ایک مرتبہ 1 Dose intramuscular (1 time)
4	Inj. Influvac / Fluarix vaccine	ایک ٹیکہ پٹھے میں (ہر سال خزاں کے موسم میں) 1 Injection intramuscular annually in Autumn

☆ سگریٹ نوشی ترک کردیں۔

TEACHING POINTS:

* Always advocate cessation of smoking.
* Encourage that condition will improve if the patient stops smoking.
* Start with either Combivair or Tiovair and add another inhaler if needed.
* You can increase the dose of combivair to 400mcg twice a day.
* Start with Combivair if asthmatic features and Tiovair if no asthmatic features.
* Oral steroids are prescribed in acute exacerbation of COPD only.
* Do not write Montelukast unless the patient has both asthma and COPD.
* In acute exacerbation of COPD, add one week course of oral steroid and oral antibiotic e.g., Tab. Deltacortil (prednisone) 5mg 3 tablets BD and Cap. Amoxil 500 three times a day.

FORMULAS:

Brand Name	Generic Name
Combivair Rotahaler	Budesonide 400m, Plus Formeterol 6mcg /
Tiovair Rotahaler	Tiotropium
Prenevar/Synflorix/Pneumovax 23 vaccine	Pneumococcal Polyvalent vaccine
Influvac / Fluarix vaccine	Influenza Vaccine

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PULMONARY TUBERCULOSIS

(Productive cough, low grade fever with evening rise, weight loss and night sweats)(Weight of Patient 50kg in the following prescription)

1	Tab. Myrin-P Forte (2 months) **PLUS**	تین گولیاں روزانہ، صبح خالی پیٹ۔ دو ماہ تک 3 Tablets daily, before meals (2 months)
2	Tab. Vita-6 50mg	ایک گولی روزانہ۔ دو ماہ کا کورس 1 Tablet daily (2 months)
	(After 2 months)	اس کے بعد
3	Tab. Rimactal-INH 600/300 **PLUS**	دو ماہ بعد یہ گولی شروع کریں ایک گولی روزانہ صبح خالی پیٹ چار ماہ کا کورس Start after 2 months 1 tablet daily before meals (4 months)
4	Tab. Vita-6 50mg	ایک گولی روزانہ ۔ چار ماہ 1 Tablet daily (4 months)

TEACHING POINTS:

* Advise Gene-Xpert before the start of ATT.
* Educate about side effects of ATT i.e., red discoloration of urine or sweat, joint pains, color blindness or paresthesias.
* If the patient has had TB earlier, then also send sputum c/s for TB in addition to Gen-Xpert.
* Advise to repeat the dose if the patient vomits the ATT within one hour.
* Advise to repeat sputum testing at two months, five months and end of course.
* Advise to keep month covered, avoid crowded places, avoid spitting.
* Advise balanced diet.
* Educate about compliance till completion of course.
* If sputum smear remains positive or becomes positive send sputum culture and refer patient to MDR TB site.

FORMULAS:

Brand Name	Generic Name
Myrin-P Forte	Pyrazinamide + Isoniazid + Ethambutol + Rifampicin
Vita-6, 50mg	Vitamin B6
Rimactal-INH	Rifampicin + Isoniazid

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43	Acute Appendicitis Reference: https://www.aafp.org/afp/2018/0701/p25.html	77
44	Acute Peritonitis in Primary Care Reference: https://www.aafp.org/afp/2010/0915/p694.html	80
45	Acute Cholecystitis Reference: Oxford Handbook of General Practice 5th Edition (2020), Page 401	81
46	Allergic Reactions Reference: Oxford Handbook of General Practice 5th Edition (2020), Page 660-661	83
47	Bee Sting Reference: Oxford Handbook of General Practice 5th Edition (2020), Page 661	84
48	Burns Reference: Oxford Handbook of General Practice 5th Edition (2020), 1096	86
49	Canine Bite (Dog, Cat, Monkey) Reference: Oxford Handbook of General Practice 5th Edition (2020), Page 1091	87
50	Gunshot / Stab Wounds/Penetrating Abdominal Injury Reference: Oxford Handbook of General Practice 5th Edition (2020), Page 1088	89
51	Head Injury Reference: Oxford Handbook of General Practice 5th Edition (2020), Page 1094	90
52	Road Traffic Accidents Wounds (With Abrasions) Reference: Oxford Handbook of General Practice 5th Edition (2020), Page 1088	90
53	Insect Bite (Ticks, Fleas, Flies, Beetles etc.) Reference: Oxford Handbook of General Practice 5th Edition (2020), Page 1091	91
54	Rat Bite Reference: Oxford Handbook of General Practice 5th Edition (2020), Page 1091	92
55	Scorpion Sting Reference: aafp.org/afp/2009/1015/p793.html	94
	EAR, NOSE AND THROAT	
56	Acute Otitis Media Reference: Oxford Handbook of General Practice 5th Edition (2020), Page 924	97
57	Acute on Chronic Otitis Media Reference: https://www.aafp.org/afp/2007/1201/p1650.html	99
58	Acute Sinusitis Reference: Oxford Handbook of General Practice 5th Edition (2020), Page 920	101
59	Acute Laryngitis Reference: Oxford Handbook of General Practice 5th Edition (2020), Page 921	103

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60	Allergic Rhinitis Reference: Oxford Handbook of General Practice 5th Edition (2020), Page 921	104
61	Bacterial Tonsillitis / Pharyngitis Reference: Oxford Handbook of General Practice 5th Edition (2020), Page 912	106
62	Common Cold Reference: Oxford Handbook of General Practice 5th Edition (2020), Page 292	108
63	Common Cold with Secondary Bacterial Infection Reference: Oxford Handbook of General Practice 5th Edition (2020), Page 292, 912	109
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64	Viral Conjunctivitis Reference: Oxford Handbook of General Practice 5th Edition (2020), Page 944	113
65	Allergic Conjunctivitis Reference: Oxford Handbook of General Practice 5th Edition (2020), Page 944	115
66	Bacterial Conjunctivitis Reference: Oxford Handbook of General Practice 5th Edition (2020), Page 944	116
67	Stye or Infected Chalazion or Infection of Eye Lids Reference: https://www.aafp.org/afp/1998/0601/p2695.html	118
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68	Menorrhagia Control Reference: Oxford Handbook of General Practice 5th Edition (2020), Page 684	123
69	Vaginal Discharge (Without PID) Reference: Oxford Handbook of General Practice 5th Edition (2020), Page 712-713	125
70	Vaginal Discharge (With PID or PID alone) Reference: Oxford Handbook of General Practice 5th Edition (2020), Page 715	126
71	Pelvic Inflammatory Disease Reference: Oxford Handbook of General Practice 5th Edition (2020), Page 714-715	127
	GASTROINTESTINAL MEDICINE	
72	Acute Viral Hepatitis in Children Reference: Oxford Handbook of General Practice 5th Edition (2020), Page 394	131

73	Dysentery without Fever (Amebic) Reference: https://www.aafp.org/afp/2014/0201/p180.html Dysentery with Fever (Bacterial) Reference: https://www.aafp.org/afp/2014/0201/p180.html	134
74	Diarrhea without Fever or GI Bleeding Reference: Oxford Handbook of General Practice 5th Edition (2020), Page 347	135
75	Hiccups Reference: https://www.ncbi.nlm.nih.gov/pmc/articles/ PMC3114667/	137
76	Gastroesophageal Reflux Disease (GERD) Reference: Oxford Handbook of General Practice 5th Edition (2020), Page 358	138
77	Hemorrhoids Reference: Oxford Handbook of General Practice 5th Edition (2020), Page 374	140
78	Irritable Bowel Syndrome (Diarrhea Predominant) Reference: Oxford Handbook of General Practice 5th Edition (2020), Page 389	141
79	Irritable Bowel Syndrome (Constipation Predominant) Reference: Oxford Handbook of General Practice 5th Edition (2020), Page 389	143
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80	Anemia (Iron Deficiency) Reference: Oxford Handbook of General Practice 5th Edition (2020), Page 640	147
81	Iron Deficiency Anemia in Child Reference: Oxford Handbook of General Practice 5th Edition (2020), Page 640	149
	INFECTIOUS DISEASES	
82	Malaria Reference: https://www.who.int/activities/treating-malaria	153
83	Typhoid / Paratyphoid / Severe Gut Infection Reference: https://www.mmidsp.com/typhoid-management-guidelines-2019/	154
84	Urethral Discharge Syndrome in Men (STI) Reference: https://www.who.int/hiv/topics/vct/sw_toolkit/ guidelines_management_sti.pdf	156
85	Worm Infestation (Roundworms) Reference: https://www.cdc.gov/parasites/ascariasis/ health_professionals/index.html#tx	157
	MUSCULOSKELETAL SYSTEM	
86	Acute Low Back Pain with Sciatica Reference: Oxford Handbook of General Practice 5th Edition (2020), Page 450, 189	161

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87	Chronic Low Back Pain with or Without Sciatica Reference: https://www.aafp.org/afp/2009/0615/p1067.html	163
88	Chronic Fatigue Syndrome (CFS) Reference: Oxford Handbook of General Practice 5th Edition (2020), Page 503	165
89	Carpal Tunnel Syndrome Reference: https://www.aafp.org/afp/2016/1215/p993.html	166
90	Frozen Shoulder Reference: Oxford Handbook of General Practice 5th Edition (2020), Page 454	167
91	Fibromyalgia Reference: Oxford Handbook of General Practice 5th Edition (2020), Page 505	169
92	Gouty Arthritis (First Attack) Reference: Oxford Handbook of General Practice 5th Edition (2020), Page 495	170
92	Osteoarthritis of Knees (Without Knee Effusion) Reference: https://www.aafp.org/afp/2012/0101/p49.html https://rheumatology.medicinematters.com/osteoarthritis-/ diet-and-nutrition/vitamin-d-has-potential-benefits-forpeople-with-osteoarthritis-/16929090	171
93	Osteoarthritis of Knees (Without Knee Effusion) Reference: https://www.aafp.org/afp/2012/0101/p49.html	171
94	Osteoporosis Reference: Oxford Handbook of General Practice 5th Edition (2020), Page 484	173
95	Planter Fasciitis Reference: Oxford Handbook of General Practice 5th Edition (2020), Page 472 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2858539/#:~:text=If%20a%20patient%20has%20several,by%20checking%20Vitamin%20D%20levels.	175
96	Planter Fasciitis Reference: Oxford Handbook of General Practice 5th Edition (2020), Page 472	175
97	Rheumatoid Arthritis Reference: https://www.aafp.org/afp/2011/1201/p1245.html	176
98	Vitamin D Deficiency Reference: Oxford Handbook of General Practice 5th Edition (2020), Page 472	178
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99	Cluster Headache Reference: Oxford Handbook of General Practice 5th Edition (2020), Page 531	181

100	Migraine Reference: Oxford Handbook of General Practice 5th Edition (2020), Page 528	183
101	Tension Headache Reference: https://www.aafp.org/afp/2002/0901/p797.html	185
102	Bell's Palsy Reference: Oxford Handbook of General Practice 5th Edition (2020), Page 512	187
103	Peripheral / Metabolic neuropathy Reference: Oxford Handbook of General Practice 5th Edition (2020), Page 330	189
104	Trigeminal Neuralgia Reference: Oxford Handbook of General Practice 5th Edition (2020), Page 531	191
	NEPHROLOGY AND UROLOGY	
105	Benign Prostatic Hypertrophy Reference: Oxford Handbook of General Practice 5th Edition (2020), Page 430	195
106	Renal Colic Reference: Oxford Handbook of General Practice 5th Edition (2020), Page 531	196
107	Lower Urinary Tract Infection (in a woman of childbearing age) Reference: https://www.aafp.org/afp/2006/0115/p293.html	197
108	Upper Urinary Tract Infection (Pyelonephritis / Prostatitis) Reference: Oxford Handbook of General Practice 5th Edition (2020), Page 423	199
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109	Chicken Pox Reference: https://emedicine.medscape.com/article/1131785-treatment	204
110	Measles Reference: https://emedicine.medscape.com/article/966220-treatment	205
111	Mumps Reference: https://reference.medscape.com/article/966678-treatment	207
112	Urinary tract infection in children Reference: Oxford Handbook of General Practice 5th Edition (2020), Page 856	209
113	Viral Gastroenteritis (<5 % dehydration) Reference: WHO IMCI guidelines	210
114	Viral Gastroenteritis (5-10 % dehydration) Reference: WHO IMCI guidelines	211
115	Croup Reference: Oxford Handbook of General Practice 5th Edition (2020), Page 915	212

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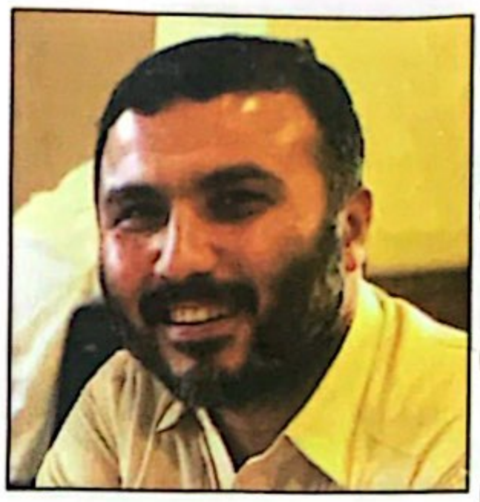
Prof. Syed Nasir Shah

MCPS, FCPS, MRCGP [INT], FRCGP [INT]



Prof. Nasir Shah graduated from Aga Khan University Karachi in 1997 and completed his House Job and Postgraduate Residency in Family Medicine from Aga Khan University Hospital Karachi. He achieved his MCPS in Family Medicine in 2001 and FCPS in Family Medicine in 2002. He achieved MRCGP [INT] and FRCGP [INT] from Royal College of General Practitioners UK in 2007 and 2016 respectively.

He has worked at Ziauddin University Karachi, Aga Khan University Karachi and University of Health Sciences Lahore in addition to FMH College of Medicine and Dentistry Lahore. Currently he is working as Dean of Family Medicine at College of Physicians and Surgeons Pakistan (CPSP), member of WHO-EMRO Steering Committee in Family Medicine and Secretary General MRCGP Board Pakistan.

He is passionate about training of Family Physicians and has a track record of two decades in uplift of Family Medicine in Pakistan. He is pioneer in distant education of Family Physicians and also in training courses for experience based qualifications in Family Medicine. He has trained thousands of Family Physicians using technology based education. He is well known and respected for his relentless hard work, friendly teaching style, simplicity of lectures and personal humility. He is highly regarded for his ethical and patient centered clinical practice.

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Rx ①

- Fluoxetine 20mg x OD
  - PMS
  - OCD
  - Depression
  - GAD
  - Irritable Bowel syndrome
  - (100 for 10 days ← 2 Tab OD)
- Sertraline 50mg x OD
  - Breastfeeding
  - PND
  - IBS
- Atorvastatin
  - Post stabilization after NSTEMI
  - Stable Angina
  - Hyperlipidemia LDL >190 (40mg)
  - Hypertriglyceridemia TG ≥ 500mg/dl (40mg)
  - Hyperlipidemia 70-189mg/dl (LDL)
  - Hypertriglyceridemia TG ≥150mg/dl
  - DM (20mg)
- Enapril 10mg 1+0+0
  - HTN (Age <55yrs)
  - DM
  - LVF
- Bisoprolol 2.5mg 1+0+0
  - Post stabilization after NSTEMI
  - Stable angina
  - LVF
- Ampicillin + cloxacillin 1gm TID 1+1+1
- Co-Amoxiclav 625mg TID 1+1+1
  - Abscess
  - Bacterial skin infection (+2°)
  - infected eczema
  - Canine bite (cat, dog, monkey, RAT, donkey, camel)
  - insect bite
  - RTA
  - infected injury/cellulitis

Tramal Plus (Tramadol HCl B.P + Paracetamol B.P)

(DR Sindhu chamma
Recite surah Fatiha for my beloved father ♡)

Rx ②

- Amoxicillin 500mg TID 1+1+1 (syp 250mg/5ml) 80-90mg/kg/day
  - Acute otitis media
  - Acute on chronic OM
  - Acute Sinusitis
  - Bacterial tonsillitis
  - Common cold with 2° bacterial pharyngitis infection
  - ~~[illegible]~~
  - Community Acquired pneumonia
  - lower UTI
- Amitriptyline (TCA) 25mg
  - ½ Tablet at 8:00pm for 10 days
  - then 1 tablet at 8:00pm for 10 days
  - then 2 tablets at 8:00pm
  - insomnia
  - Peripheral (metabolic) neuropathies
  - Tension headache (+CBT)
  - Migraine
  - chronic fatigue syndrome
  - Fibromyalgia
  - chronic idiopathic pain
  - S/E: Dry mouth, constipation, dizziness
- Diclofenac 50mg
- Flurbiprofen 100mg / Ibuprofen 400mg BID 1+0+1
  - Dental pain
  - Gingivitis
  - Acute muscular spasm
  - RTA
  - Carpal tunnel syndrome
  - Frozen shoulder
- Top Ibuprofen gel
  - Acute soft tissue injury
  - Osteoarthritis
- propranolol 10mg 1+0+1
  - migraine
  - GAD
- 40mg 1+1+1
  - Hyperthyroidism
  - (contraindicated in Asthma)

Tramal Plus (Tramadol HCl B.P + Paracetamol B.P)

Rx ③

- Benzyl peroxide cream
  - Acne mild
  - Acne mild with inflammation
  - Acne moderate
  - clindamycin gel
- Adapalene at night (6 months)
  - cap Azithromycin 500mg 1+0+1
- Cetirizine 10mg 0+0+1
  - Eczema
  - infected eczema
  - G. pruritis
  - Pityriasis Rosea
  - Lichen planus
  - Scabies
  - Allergic reactions
  - Allergic Rhinitis, conjunctivitis
- Terbinafine 250mg 1+0+0 (6wks)
- + clotrimazole cream / Terbinafine 1% cream Twice a day for (6wks)
  - Fungal skin infection Tinea corporis, pedis, cruris, facale
  - Fungal scalp & palm (Tinea capitis, manum)
  - Fungal nails (Tinea unguium)
  - Pityriasis versicolor
- Pheniramine (Avil) 25mg 0+0+1
  - Bee sting
  - Anaphylaxis
  - insect bite

Tramal Plus (Tramadol HCl B.P + Paracetamol B.P)

DR Sindhu chamma
Kindly Recite surah Fatiha & pray for my beloved father ♡

Rx ④

- Metronidazole TID Tab 400mg (injection 500mg)
  - Acute Appendicitis
  - Acute peritonitis
  - Gunshot/Penetrating abdominal injury
  - vaginal discharge
  - Bacterial vaginosis (itching)
  - PID
  - Amoebic Dysentery (bloody diarrhea & abd pain)
  - Gingivitis
- Pio partner 2gm stat vaginal discharge (not PID) 2gm stat
- Ceftriaxone 1grams
  - Acute cholecystitis
  - Acute peritonitis
  - Gunshot/penetrating abdominal injury
  - Typhoid
  - Severe Gut infection
  - urethral discharge syndrome in men
  - upper UTI (pyelonephritis/prostatitis)
  - Severe community acquired pneumonia
- Dimenhydrinate (Gravinate) 10mg
  - Acute coronary syndrome
  - Typhoid
  - Renal colic
  - Acute cholecystitis
- Tramadol 100mg
  - ACS
  - Acute cholecystitis

Tramal Plus (Tramadol HCl B.P + Paracetamol B.P)

(DR Sindhu chamma
Kindly Recite surah Fatiha & pray for my beloved father ♡)

Rx ⑤

- Chloroquine 250mg
  - 4,4,2
  - (then 2 tabs weekly in pregnancy)

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